LUCU ATTUS TO VIIIT POULUTUR

10.7004070167

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2012 MAR PFIZER Street Address Agency Notifiel Type Notification 14. L & 100 EPA EDEP Indial City, State, Zip Code ☐ Amended Amondment # Q-BOL ☐ Emergency (including E DOH Justification) 2050 ☐ Cancellation DOCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) zen ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feat City (5) Ans 600 County Code (7) (STATE USE Current Use (Prior if being demolished) County (6) ONLY) FICES Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. eavily (8) Stroot Address City, State, Zip Code City, State, Zip Code HACKELTSTOWN panta Tolophone No. 564 713-949-Telephone No. License No. Project Manager for Monitoring Firm 00768 erse Name of OSHA Monitor Scheduled Completion Date (11) 9 Occupancy Status During Abatement (Check dnly one) Street Address CI Facility Closed/Vacated During Entire Period of Abatement

CI Abatement Performed Outside of Normal Facility Hours

Other - Describe: Results Itour City, State, Zip Code Regular Hour Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Mini-Enclosure Adatement. © Renovation of Groemolition of □ 23 sf or 2 3 lf ☐ Glovebag Procedure 2 160 sf or ≥ 260 H Duct Mon-Exampted (*) and Non-Friable Procedure ROOF TOD Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Meterial (ACM)
TO BE ABATED Encapsulate Maintenance/ Removal Repair (i.e., thormal systems insulation, (Specify Custodial surfacing. VAT. or SF or LF) IN Facility Staff? other miscellaneous) (13) (12)NA No Yes. 20000 1001 insulation Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Hauler Waste ID No. Disposal Date Date nes iour not use this form for asbestos licensed exempted activities

1110 State of NJ

-7)

	CCACILVITAT	(State Of No
	1981548434	Notification of Asbestos Abatement
Paragon Job#		(Pursuant to NJAC 8:60-7 and 12:120-

Date of Notification (1)	1			ner/Operator (2		Bi	in in in	D.O. C.		- Season	r j	
Agencies Notified Type Notific	ation			on University	(FDU)		1/ 店	[my]	1	,-	
⊠ EPA 🗖		Street Addr	ess					***************************************	7/1 1/	1		
DEP Initial		10 Wood	dbridge A	ive.	20046-7-1-03		MAD	0010	HH			
Amen	dment	City, State,	Zip Code				9 ,	-012	2/1			
Mendment #	# —	Hackens	sack, NJ (07601				1	1			
DOH Emergence justification		ame of Co	SPECIAL PROPERTY OF SPECIA				Telepho	one Numb	er -			
DCA Gance		Dick Fr	ick									
				CILITY INFORM	MOITAN	ı						
Name of facility where abatemen	t is taking pla	ace (3)					Type of Facility	(4)	-	-		
FDU - Madison Campus Lib			e Library	,			Scho	ool (K - 12 chapter 8 ((0)	han k	(-12)	
Street Address							Othe	r (Private/ s./Homes,	Comme		,	
145 Park Ave.		supplement			200000100000000000000000000000000000000		Square Feet	# of Flo	ors	В	ldg. A	ge
City (5)	Cour	nty (6)			Cou	nty Code (7)	25,000 sf	03		50/	90	
Florham Park	Мо	rris			(Sta	te use only)	Current Use (Library	Prior if be	ing den	nolish	ed)	
Name of Monitoring Firm Hired by	y Bldg. Owne	er (8)	***************************************	ASCM No.	1	Name of Abatement (Contractor (9)		-			
Environmental Design, Inc.				95		Paragon Contract	ing. Inc.					
Street Address		-	-		-	Street Address						
5434 King Ave. Suite 101						590 River Rd.						
City, State, Zip Code						City, State, Zip Code						- :: 3 -
Pennsauken, NJ 08109						Clifton, NJ 0701	1					
Project Manager for Monitoring Fir	m	P	none Numb	per		Telephone Number		Licens	e Num	ber	-	
		4				(973) 614-1600		0074				
Jay Murray			56-616-9:	100000000000000000000000000000000000000	_	Name of OSHA Monit	or					-
Scheduled Start Date (10)	Sched	I. Completi	on Date (1	1)		Paragon Contract						
03-14/2012	03/30	0/2012				Street Address	3,					
Occupancy Status During Abateme	ent (Check o	nly one)				590 River Rd.						
Facility closed/vacated durin						City, State, Zip Code						
Describe:												
Other-Describe: Facility Oc		g Abatemer	nt		_	Clifton, NJ 0701	4			018/7		
Scope of Work (check all that app	oly)											
☐ Demolition ☐	Renovation	n			⊠ F	ull Containment w/neg	ative pressure	Glove	ebag pi	roced	ure	
> <u>3</u> sf or > <u>3</u> lf	≥160 sf or	≥260 If				/lini-enclosure	☐ Non-Exe	empted (") Non-f	riable	proce	dure
Location of	Is location	n normally	used solel	y	S SUBJUL NO		T		R	R	E	T_
asbestos-containing		enance/cus	todial	Descripti	on of a	sbestos-containing	Amount		e m	e	n	E n
material to be	staff(12)		T	material			(Specify	SF or	0	a	c a	C
abated in facility (13)	Yes	No	N/A				LF)		v e	i	p	L
Orangeric Library Quiet Reading Room		X		Spray Fire	proofir	ıg	6,810 SF		_ X			
Orangerie Library Quiet Reading Room		X		Pipe Insula	tion		380 LF					
			i e						П	Ī	Ī	
			i							Ī	Ī	
Registered Waste Hauler	NJDE	P Hauler	D# C	Cubic Yards of	Waste	Name of Registered I	_andfill	-	-1	<u> </u>		
Paragon Contracting, Inc.	221		10000000000	60 cyds		Tullytown/GROV						
City. State Clifton, NJ 07014			Disposal D TBD	Date		City, State Tuflytown, PA						
Completed by (Print or Type)	Title			Signature	1	', - ' - ' - ' - ' - ' - ' - ' - ' - ' -		Date				
Goran Lazevski	Presiden	t		1	- Maria	-		02/29	/2012			

								NA Dept/p			(100 i	91000	-	~
Date of Notification	- (1)	Namo of Building	Owner	Operator (2)	Tone of	VE RE	TIT	TRYL	Taigr	lature)			<u>,</u>	
0 2 /2 8	1/12	MARK HAA	S) ECE		2/20	17:11	Timor	36	-6/1		_
Agencies Notified	Type Notificatio		d'especial			1)		Oug.					_	
☐ EPA	Initial Amended	575 MAIN S	TREE	r		MAR	c or	112			- 4-2-2		<u> </u>	=
DEP	Amendment #: _	City, State, Zip C							nas'					
₩ DOL	Emergency ·	WOODBRI	GE, N	11 .	ļ			Ì	1		-			-
DOH.	(including	Name of Contact	-			LIGE	roderiko PSEKG	Telepho	ne Nun	in the state of th				
DCA	juetification)	MARK HA	AS		im seas									
	☐ Cancellation		111111111111111111111111111111111111111	ITY INFORMA	TION			J 14 14 396		.\$.,}				
**			FACIL	arrag Oran			Туре	of Facility	y (4)					
Name of facility v	where abatement is	taking place (3)						Transition of the last of the	ool (K-			10.00		
MARK HAAS	3							LI Sub	chapter	8 (Other te/Comm	than	K-72 al	()	
Street Address		,		Note and the second				⊠ Othe Bidg	s./Hom	es, etc.	ici cii			
575 MAIN S'	TOUT						Squ	iaro Feet	-	Floora	T	Bidg	. Age	À
City (5)	TRUET	County (6)		T		Code (7)	-				1-	-4-1		-
City (5)					(State	use only)	Cu	nent Use	(Prior st	Deing Ge	:moi	\$neu	}	
WOODBRIL	OGE	MIDDLESEX				ame of Abetomo	of Contra	actor (9)						
Name of Monito	ring Firm Hired by E	3ldg. Owner (8)		ASCM No.	1.1	D & S RESTO							-	
						treet Address	MAIN	14, 2.10.				-		
Street Address						20 California	A.ve.							
		·				ity, State, Zip Coo								
City, State, Zip C	,DQ O					Paterson, NJ	07503			0				
Draine Manager	for Monitoring Finn	Phon	e Numb	er		elephone Numbe	36		LIG	ense Nu 001		ŧ		
L(0)ect Manager	to montantig i					973-345-80				001	,,			
Start Date (10)	And being Ways	Sched. Completion	Date (1	1)	- N	Jame of OSHA M		nc.						
		03/09/12			-	Street Address	tadon, 1	1207	5. Mil. 1 mil.	The state of the s			- Control of	
03/01/12	- Dudge Absterne	nt (Ghack only one)	_		`	20 California	Avenu	8						-
Facility do	nand betspey/hear	entire period of abateme	ent		10	ity, State, Zip Co		72					24	
Abstornen	it performed outside	e or normal racility hours-												
Describe:	scribe: NORMAL	NOURS			_	Paterson, NI	-				_			<u> </u>
Scope of Work	(check all that app	ly)			-			Containme		galive pr	1000	ilo.		
>3 ef or >		N	20				F Glow	enclosure ebag proc	edure					
≥160 sf α	r ≥260 If	Demolition					X Non	Exempter	d (*) and	Non-fri	able	proce		
Location		is location normally us	ed solel					A-m.a.	t		é	8	E n	E
ashesins	-containing	by maintenance/custor staff(12)	312)	Descript material		bestos-containin	g	: Amou	offy SF o	or	m	þ	8	C
	(acm) to be facility (13)	Yes No	N/A	material	(ACIVI)			LF)			v	i	p	L
		1		POOF				400 SQ	FΪ		ę X	б		
BUILDING I	EXTERIOR		e de la constante de la consta	ROOF		P. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	The state of							
				4										
-				+			. **			THE STREET				
2			-	4			My Diggs To Table	-						
Registered Was	stell-fauter	NJDEP Heuler ID	#	Cubic Yards of	Waste	Name of Regist	ered Lar	idtili	DEC	ימשונה	J			1850-7-2
D& SREST	ORATION, INC	13506		5 YDS		TULLYTOV	VN, RE	SOURC	EKEU	UVEK	_			
City, State	7 211 07502		03/03/			TULLYTO	WN PA							
The same of the sa	N, NJ 07503	7	ונטונט	6 Signature	===	LIULLIIO	17 4 7 1 7		T	Date	<u>- 13</u>			
Completed by BOGDAN		PRESIDENT		- Burne						02/28/1	2		al market	2 10 10
ASR-41	·	* Do not use this form for	or asper	tos licensure e	exempted	activities.								

D&S Proj. #:	MS 12-84			V						ra fi	00 F	1=05				
		I Name	of Build	ding Owner	/Operator	(2)			MEG		別區		*****			_
ate of Notification	(1)		RK H									11.1				
10 12 1/12 10	1/1-1-1	Street	Addres	SS					MAI MAI	9 B	2012					-
Agencies Notified	Type Notification			N STREE	T				1 1 1 1 1 1 1 1 1 1 1							
LI EPA	Amended	5/3	State 2	Zip Code								ا د				_
☐ DEP	Amendment #:	City,		BRIDGE,	NJ					Teler	ohone Nun	nber	ة أ			
DOL		Name	of Co	ntact				L.				-				=
⋈ DOH	(including justification)	11								-1-	-	TOTAL TOTAL	7.4 e ^{1/2 e⁶⁶}			
☐ DCA	Cancellation	M	ARK	HAAS	SIL ITY INF	ORMATIC	NC				-11th / (4)					
	.1==								Ty	pe of Fa	school (IV	- 12)				
- facility	where abatement is tak	king place	(3)							H.	bchante	r 8 (Other	r than K	(-12)	H)	
										E-8	Other (Priv Bldgs./Hor	rate/Comi	merciai			_
MARK HAA									11-	Square F		f Floors	E	ildg.	Age	Š
Street Address														- 4\		=
575 MAIN S	STREET		. (G)			T	County	Code	(7)	Current	Use (Prior	if being o	demolis	hed)		
City (5)		Count	y (o)			- 1	(State u		3, 11							=
		MID	DLE	SEX			TIN	ame of	f Abatement Co	ntractor	(9)					
WOODBR	IDGE	dg. Owne	r (8)		ASC	M No.		D& 9	S RESTORA	TION, I	NC.					=
Name of Moni	IDGE toring Firm Hired by Bl	u g		V)-0.30 (50 (50 50 5	_		= 5	treet A	Address							
								20 0	California Av	e		-				
Street Addres	S						- l to	ity, Sta	ate, Zip Code							
							11	Pat	erson, NJ 07	503		License	Numbe	r		
City, State, Zip	p Code					*********	==	Teleph	one Number			0	0159			=
*****	ger for Monitoring Firm)		Phone	Number		11	9	73-345-8020	itor		4				
Project Mana	ger for worms							Name	of OSHA Mon & S Restorat	on, Inc						=
	(10)	Sch	ed. Co	mpletion Da	ate (11)		- 11	Stree	t Address							
Start Date	(10)	03/	09/12				_	20	California A	venue						=
03/01/12	Status During Abateme	-t (Check	k only	one)			1	City.	State, Zip Cod	3						
Occupancy	Status During Abatementy closed/vacated during	g entire p	eriod o	of abatemen	nt.		1	1								_
☐ Facili	ty closed/vacated during ement performed outside	de of norm	nal faci	lity nours-				P	aterson, NJ	7503	ontainment	w/negati	ive pres	sure	•	
Desc	ribe.	HOURS								Full Co	nclosure	[Willog-	15007315-7.			
Other Other In the control of the	r-Deschoo.	Children Children							ļ	I Glove	bag proce	dure	frich	la ni	roce	du
Scope of	Work (check all that ap	Reno	vation						İ	Non-	bag proce Exempted	(*) and N	R	1	R	E
		7 Demo	dition								Amour	nt.	e	- 1	e p	r
□ ≥16	60 sf or ≥260 lf			normally us	sed solely	D	rintion 0	f asbe	stos-containing	,	(Speci	ify SF or		1	a	1
Loc	cation of	by n	nainter f(12)	nance/custo	oulai		rial (ACI	M)			LF)		1	4	1 r	
	pestos-containing aterial (acm) to be			No	N/A						400 SQ	FT		X		1
ab	ated in facility (13)	\ Y	es	140		ROOF					400 50	**********	1			1
	EVERIOR					HKOO!	*******									1
BUILD	DING EXTERIOR					1										1
					-	4				-						
										Aprod Lo	andfill			17		
	***************************************				JD# T	Cubic Yar	ds of W	aste	Name of Regi	WN, R	ESOURC	E RECO	OVER	Y	-	_
	ered Waste Hauler		NJE	EP Hauler 506		5 YDS			City State							
Registe D &	ered Waste Hauler S RESTORATION,	INC.	_ 13	=====	Disposa	Date			TULLYTO	OWN, P	A		Date			=
	1-1-				03/03	3/12	aturo	==	1				02/28	/12		
DAT	TERSON, NJ 0730) ————————————————————————————————————	itle			Signa			مدين المعاون الد							
	lated by (Print or Type)	PRES!	IDENT		-las lises	sure ex	empte	d activities.	NATE OF STREET						
BO	GDAN JOLDZIC	 	Do not	use this for	m for asb	estos ncer	.50.0 07.									

ASB-41

DAS Prol. #: MS 12-88		Pursuant to NJ/			MEG	Date: JOJ	En	7		_
	- A Build	ng Owner/Operator	(2)						-	
of Notification (1)			VA.	11	14/1	6 20	12	11		
13 1/10 11 / 12 12	ROBERT	.001	ment of the state	i in	JIII MAF	7 0 20	14			
noise Notified Type Motification	Street Address	A SPENITE				A CONTRACTOR OF THE PARTY OF TH	-			
☐ EPA ☐ Initial ☐ Amended	439 SOU1	H AVENUE		1	ASIA	FOS CAMBOL	Č.			
DEP Amendment#	City, State, Zi) Code		i,		(Telephon	e Number	از ق		
DOL Emergency	WESTFIL	D, NJ 07090			=	*		1		
Analyding	Name of Cont			- Williams	100					
Justilione	ROBERT	ROOT								
DCA Cancellation		FACILITY INF	ORMATION		TIT	ype of Facility	(4)			
	(3)							kar than K-	12)	
ame of facility where abetement is tal	dng place (3)					The second secon	hapter 8 (Ott	mmercial	,	
		***				⊠ Othe	s/Homes, et			
ROBERT ROOT					11-	Squara Faet		s B	dg. An	8
Street Address							1			
439 SOUTH AVENUE	E. 781	mar in the same	Coun	ty Code	(7)	Current Use	(Prior if bein	g demolish	(ca)	
City (5)	County (8)		(Stef	c use or	1 1		-			
	UNION			Name :	Abatement C	ontractor (8)				
WESTFIELD	rib. Owner (8)	ASC	M No.	DB	S RESTORA	TION, INC			<u> </u>	
WESTFIELD Name of Monitoring Firm Hired by Bi			100000	Street	Address					
	to the second			201	California Av	16.			******	
Street Address			and the second	City, St	ate, Zip Code				9	
				u _a	terson, NJ 01	503	I lean	se Number		- Paragraphic
City, State, Zip Code	*		-	Talani	none Number		Licon	00159		
- Markedag Firm		Phone Number	14	9	73-345-8020					
Project Manager for Monitoring Firm				Name	of OSHA Mor	nitor				-
	18ched. Com	pletion Date (11)		D	& S Restorat	101L, IIIV	THE RESERVE TO SERVE			
Start Date (10)				Stree	t Address	mamile.	10000000			-
00/00/10	03/06/12	9)		20	California A	H	No.			
()3/()2/12				City,	Stats, Zip Cod	-				
03/02/12 Occupancy Status During Abateme	and consorted of i	sbatomont		1 1						
Occupancy Status During Abateme	g entire period of i	sbatomont hours-		11.	Jaterson, NJ (0/503		-	_	-
Occupancy Status During Abatame Tacility closed/vacated during	ie of normal facility	hours-			aterson, NJ	Trul Contain	ment w/neg	ative press	ure	
Occupancy Status During Abatemen Tacility closed/vacated during Abatement performed outside Describe: NORMAL	ie of normal facility.	hours-			aterson, NJ	Full Contain	nment w/neg			
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Scope of Work (check all that ap	HOURS	hours-			aterson, NJ	Full Contain	sure			edure.
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Scope of Work (check all that ap	de of normal facility. HOURS Policy Renovation	hours-			aterson, NJ	Full Contain	sure	Non-friable	P R	4 3 3
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Scope of Work (check all that ap	e of normal facility HOURS Renovation Demolition	mally used solely			3	Full Contain Mini-enclose Glovebag i Non-Exem	sure procedure apted (*) and	Non-friable	R e p	n
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap X >3 sf or >3 lf	e of normal facility HOURS Renovation Demolition	mally used solely	Description	of asbe	raterson, NJ (Full Contain Mini-enclose Glovebas I Non-Exem	orocedure opted (*) and mount Specify SF o	Non-friable	R	n
Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Describe: NORMAL Scope of Work (check all that ap >3 sf or >3 lf >160 sf or >260 lf Location of ephasins-containing	HOURS Renovation	mally used solely ce/custodial	Description material (A	of asbe	3	Full Contain Mini-enclos Glovebasi Non-Exem	procedure inpled (*) and impount specify SF o	Non-friable	R e p	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that sp >3 st or >2 if >160 st or >260 if Location of asbestos-containing	Renovation Demolition Is location no by maintenant	mally used solely	material (A	of asbe	istos-containing	Full Contain Mini-enclos Glovebasi Non-Exem	orocedure opted (*) and mount Specify SF o	Non-friable R m o v	R e p	0 0
Occupancy Status During Abatement Cacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13)	Renovation Demolition is location no by maintenant staff(12) Yes	mally used solely ce/custodial	Description material (A	of asbe	istos-containing	Full Contain Mini-enclos Glovebasi Non-Exem	procedure inpled (*) and impount specify SF o	Non-friable	R e p	0 0
Occupancy Status During Abatement Cacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13)	Renovation Demolition is location no by maintenant staff(12) Yes	mally used solely ce/custodial	material (A	of asbe	istos-containing	Full Contain Mini-enclos Glovebasi Non-Exem	procedure inpled (*) and impount specify SF o	Non-friable	R e p	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that sp >3 st or >2 if >160 st or >260 if Location of asbestos-containing	Renovation Demolition is location no by maintenant staff(12) Yes	mally used solely ce/custodial	material (A	of asbe	istos-containing	Full Contain Mini-enclos Glovebasi Non-Exem	procedure inplied (*) and impount Specify SF o	Non-friable	R e p	0 0
Occupancy Status During Abatement Cacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13)	Renovation Demolition is location no by maintenant staff(12) Yes	mally used solely ce/custodial	material (A	of asbe	istos-containing	Full Contain Mini-enclos Glovebasi Non-Exem	orocedure inted (*) and imount specify SF o	Non-friable	R e p	0 0
Occupancy Status During Abatement	Renovation Demolition is location no by maintenant staff(12) Yes	mally used solely ce/custodial	KOOFING	of asbe	istos-containing	Full Contain Mini-enclos Glovebasi Non-Exem	orocedure inted (*) and import specify SF o F)	Non-friable R m o v e E E E	Proces	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap >3 sf or >3 lf >160 sf or >260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING INTERIOR(CLEAN-	Renovation Demolition is location no by maintenant staff(12) Yes UP)	mally used solely ce/custodial No N/A	ROOFING ROOFING	of asbe	Istos-containing KIAL Name of Regis	Full Contain Mini-enclos Glovebasi Non-Exem	orocedure inted (*) and import specify SF o F)	Non-friable R m o v e E E E	Proces	0 0
Occupancy Status During Abatement □ Facility closed/vacated during Abatement performed outside Describe: ○ Other-Describe: NORMAL Scope of Work (check all that ap ≥3 sf or >3 lf □ >160 sf or ≥260 lf Location of asbestos-containing material (apm) to be abated in facility (13) BUILDING INTERIOR(CLEAN-	Renovation Demolition Is location no by maintenant staff(12) Yes UP)	rmally used solely ce/custodial No N/A Hauter ILW	KOOFING KOOFING Subject Yeards of 30 CU YDS	of asbe	Name of Regis TULLYTO	Full Contain Mini-enclos Glovebasi Non-Exem 30 30 30 WN, RESO	orocedure inted (*) and import specify SF o F)	Non-friable R m o v e E E E	Proces	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING INTERIOR(CLEAN-	Renovation Demolition Is location no by maintenant staff(12) Yes UP)	rmally used solely oce/custodial No N/A Hauter ILW 16	ROOFING ROOFING Cubic Yards of 30 CU YDS Date	of asbe	Istos-containing KIAL Name of Regis	Full Contain Mini-enclos Glovebasi Non-Exem 30 30 30 WN, RESO	orocedure inted (*) and import specify SF o F)	Non-friable R m o v e E COVERY	R e P a l l l l l l l l l l l l l l l l l l	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap X >3 sf or >3 lf >160 sf or >260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING INTERIOR(CLEAN-	Renovation Demolition is location no by maintenan staff(12) Yes UP) NUC. 1350	rmally used solely ce/custodial No N/A Hauter ILW	ROOFING ROOFING Cubic Yards of 30 CU YDS Date /12	of asbe	Name of Regis TULLYTO	Full Contain Mini-enclos Glovebasi Non-Exem 30 30 30 WN, RESO	orocedure inted (*) and import specify SF o F)	Non-friable m o v v e E E E E E E E E E E E E E E E E E	R e P a l l l l l l l l l l l l l l l l l l	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING INTERIOR(CLEAN- Registered waste Hauler D & S RESTORATION, I City, State PATERSON, NJ 07503	Renovation Demolition Listocation no by maintenan staff(12) Yes UP) NUC. 1350	rmally used solely ce/custodial No N/A Hauter ILW 16 Disposal 03/05/	ROOFING ROOFING Cubic Yards of 30 CU YDS Date /12 Signature	of asbeck)	Name of Regis TULLYTO City, State TULLYTO	Full Contain Mini-enclos Glovebasi Non-Exem 30 30 30 WN, RESO	orocedure inted (*) and import specify SF o F)	Non-friable R m o v e E COVERY	R e P a l l l l l l l l l l l l l l l l l l	0 0
Occupancy Status During Abatement Tacility closed/vacated during Abatement performed outside Describe: NORMAL Other-Describe: NORMAL Scope of Work (check all that ap X >3 sf or >3 lf >160 sf or >260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING INTERIOR(CLEAN-	Renovation Demolition Listocation no by maintenan staff(12) Yes UP) NUC. 1350	rmally used solely ce/custodial No N/A Hauter ILW 16 Disposal 03/05/	ROOFING ROOFING Cubic Yards of 30 CU YDS Date /12 Signature	of asbeck)	Name of Regis TULLYTO City, State TULLYTO	Full Contain Mini-enclos Glovebasi Non-Exem 30 30 30 WN, RESO	orocedure inted (*) and import specify SF o F)	Non-friable R m o v e E COVERY	R e P a l l l l l l l l l l l l l l l l l l	0 0

D&S Proj. #: MS 12-88				o and		EI	WE	[10]				
	I I Name of Build	ing Owner/Opera	ator (2)				1/ [V			
ate of Notification (1) 0 3 / 0 1 / 1 2	ROBERT F				MAD	· ·	2012					
gencies Notified Type Notification	Street Address						LUIL	-1				
EPA Initial	- I	TH AVENUE			- L.		The second second			_		
☐ DEP ☐ Amended	City, State, Zip				.1/11.	TOO OUR TOEWSTN	mul &					
Amendment #:		ED, NJ 07090		-		***************************************						_
" Ellieigency	Name of Cont			recontagnitudes.	· your		Telephon	e Number %				
justification)	Production of the state of the											
☐ DCA ☐ Cancellation	ROBERT											vi.
		FACILITY IN	VEORMATIC	NC		Type	of Facility	(4)				0.000
Name of facility where abatement is to	aking place (3)					Type	School	of (K - 12)				
						1		napter 8 (Oth)	
ROBERT ROOT							Other Bldgs	(Private/Cor ./Homes, etc	nmercia :.	al		
Street Address						Squa	are Feet	# of Floors		Bldg.	Age	
439 SOUTH AVENUE		_=====	T	County C	ode (7)							
City (5)	County (6)			State us		Curi	ent Use (F	Prior if being	demoli	shed)		
COUNTEL D	UNION						. (0)					_
WESTFIELD Name of Monitoring Firm Hired by Bl	Control of the Contro	ASC	CM No.	11	ne of Abatement							
Name of Worldoning Firm Fines 27					& S RESTOR	RATIO	N, INC.					
Ot Addross					eet Address							
Street Address				- 1	20 California A	the same of the sa					_	
City, State, Zip Code				1	, State, Zip Code							
Only, Glato, 2.p					Paterson, NJ 0			License	Numbe	r		
Project Manager for Monitoring Firm	P	hone Number		lei	973-345-802	.0		The state of the s	0159			
1 tojost menag				_ Na	me of OSHA Mo							
Start Date (10)	Sched. Complet	ion Date (11)			D & S Restora		ic.			_		_
	03/06/12			St	eet Address							
03/02/12 Occupancy Status During Abatemen				1 1	20 California							
Occupancy Status During Abatemen		tement.		Cit	y, State, Zip Coo	de						
Tracility closed/vacated during	entire period of abai			11								
Facility closed/vacated during Abatement performed outside	of normal facility flor	urs-		-11	N NIT	07502						
Facility closed/vacated during Abatement performed outside	of normal facility flor	urs-		- _	Paterson, NJ			t/pogative	nressi	ire		
☐ Facility closed/vacated during ☐ Abatement performed outside ☐ Describe: ☐ NORMAL F	OURS	urs-		= _	Paterson, NJ	Full C		nt w/negative	pressu	ıre		
Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F	OURS y)	urs-		= _	Paterson, NJ	Full C	enclosure	edure				
☐ Facility closed/vacated during ☐ Abatement performed outside ☐ Describe: ☐ Other-Describe: ☐ NORMAL F Scope of Work (check all that appl ☐ >3 sf or >3 lf ☐	OURS y) Renovation	urs-		= _	Paterson, NJ	Full C	enclosure		-friable	proce	dure	
Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F	OURS y) Renovation Demolition T is location normal	ly used solely		=		Full C Mini- Glove Non-	enclosure ebag proce Exempted	edure (*) and Non	-friable R e	proce R e	edure E n	E
☐ Facility closed/vacated during ☐ Abatement performed outside Describe: ☐ Other-Describe: ☐ NORMAL F Scope of Work (check all that appl ☐ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf Location of	OURS y) Renovation Demolition Is location normall by maintenance/ci	ly used solely	Description	on of asb	Paterson, NJ	Full C Mini- Glove Non-	enclosure ebag proce Exempted Amou	edure (*) and Non	-friable	proce	E n c	n c
Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F Scope of Work (check all that appl >3 sf or >3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be	of normal facility normal facility normal facility normal facility normal by maintenance/ci staff(12)	ly used solely ustodial	Descriptio material (on of asb		Full C Mini- Glove Non-	enclosure ebag proce Exempted Amou	edure (*) and Non	-friable R e m	proce R e p	E n	n
☐ Facility closed/vacated during ☐ Abatement performed outside Describe: ☐ Other-Describe: ☐ NORMAL F Scope of Work (check all that appl ☐ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf Location of asbestos-containing	OURS y) Renovation Demolition Is location normall by maintenance/ci	ly used solely ustodial	material (ACM)	estos-containing	Full Committee Glove Non-	enclosure ebag proce Exempted Amour (Speci LF)	edure (*) and Non nt fy SF or	-friable R e m o v	proce R e p	E n c a	n c
☐ Facility closed/vacated during ☐ Abatement performed outside ☐ Describe: ☐ Other-Describe: ☐ NORMAL F Scope of Work (check all that appl ☐ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13)	of normal facility normal facility normal facility normal facility normal by maintenance/ci staff(12)	ly used solely ustodial	Descriptio material (A	ACM)	estos-containing	Full Committee Glove Non-	enclosure ebag proce Exempted Amoun (Speci	edure (*) and Non nt fy SF or	-friable R e m o	proce R e p	E n c a	n c
Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F Scope of Work (check all that appl >3 sf or >3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be	of normal facility normal facility normal facility normal facility normal by maintenance/ci staff(12)	ly used solely ustodial	material (ACM)	estos-containing	Full Committee Glove Non-	enclosure ebag proce Exempted Amour (Speci LF)	edure (*) and Non nt fy SF or	-friable R e m o v	proce R e p	E n c a	n c
☐ Facility closed/vacated during ☐ Abatement performed outside ☐ Describe: ☐ Other-Describe: ☐ NORMAL F Scope of Work (check all that appl ☐ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13)	of normal facility normal facility normal facility normal facility normal by maintenance/ci staff(12)	ly used solely ustodial	material (ACM)	estos-containing	Full Committee Glove Non-	enclosure ebag proce Exempted Amour (Speci LF)	edure (*) and Non nt fy SF or	-friable R e m o v	proce R e p	E n c a	n c
☐ Facility closed/vacated during ☐ Abatement performed outside ☐ Describe:	of normal facility normal facility normal facility normal facility normal by maintenance/ci staff(12)	ly used solely ustodial	material (ACM)	estos-containing	Full Committee Glove Non-	enclosure ebag proce Exempted Amour (Speci LF)	edure (*) and Non nt fy SF or	-friable R e m o v	proce R e p	E n c a	n c
☐ Facility closed/vacated during ☐ Abatement performed outside ☐ Describe: ☐ Other-Describe: ☐ NORMAL F Scope of Work (check all that appl ☐ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13)	OURS y) Renovation Demolition Is location normall by maintenance/cistaff(12) Yes No	ly used solely ustodial N/A R	material (A	MATE	estos-containing	Full C Mini- Glove Non-	enclosure ebag proce Exempted Amoun (Speci LF) 30 CU Y	edure (*) and Non int Ify SF or	-friable R e m o v e S	proce R e p	E n c a	n c
□ Facility closed/vacated during □ Abatement performed outside □ Describe: □ Other-Describe: □ NORMAL H Scope of Work (check all that appl □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf □ Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING EXTERIOR(CLEAN-UP) Pegistered Waste Hauler	OURS y) Renovation Demolition Is location normall by maintenance/costaff(12) Yes No NJDEP Haul	ly used solely ustodial N/A R In I	material (A	MATE	estos-containing	Full C Mini- Glove Non-	enclosure ebag proce Exempted Amoun (Speci LF) 30 CU Y	edure (*) and Non int Ify SF or	-friable R e m o v e S	proce R e p	E n c a	n c
□ Facility closed/vacated during □ Abatement performed outside □ Describe: □ Other-Describe: □ NORMAL F Scope of Work (check all that appl □ ≥3 sf or >3 lf □ ≥160 sf or ≥260 lf □ Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING EXTERIOR(CLEAN-UP) Registered Waste Hauler □ & S RESTORATION, INC	OURS y) Renovation Demolition Is location normall by maintenance/costaff(12) Yes No NJDEP Haul	ly used solely ustodial N/A R R I Cub 30	material (AROOFING	MATE	estos-containing RIAL Name of Registr TULLYTOW City, State	Full C Mini- Glove Non-	Amoun (Special LF) 30 CU Y	edure (*) and Non int Ify SF or	-friable R e m o v e S	proce R e p	E n c a	n c
□ Facility closed/vacated during □ Abatement performed outside Describe: □ Other-Describe: NORMAL F Scope of Work (check all that appl □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING EXTERIOR(CLEAN-UP) Registered Waste Hauler D & S RESTORATION, INC City. State	OURS y) Renovation Demolition Is location normall by maintenance/costaff(12) Yes No NJDEP Haul	ly used solely ustodial N/A R In I	material (AROOFING	MATE	estos-containing RIAL Name of Registr	Full C Mini- Glove Non-	Amoun (Special LF) 30 CU Y	edure (*) and Non int ify SF or DS E RECOVE	-friable R e m o v e	proce R e p	E n c a	n c
□ Facility closed/vacated during □ Abatement performed outside □ Describe: □ Other-Describe: □ NORMAL F Scope of Work (check all that appl □ ≥3 sf or >3 lf □ ≥160 sf or ≥260 lf □ Location of asbestos-containing material (acm) to be abated in facility (13) BUILDING EXTERIOR(CLEAN-UP) Registered Waste Hauler □ & S RESTORATION, INC	OURS y) Renovation Demolition Is location normall by maintenance/costaff(12) Yes No NJDEP Haul	ly used solely ustodial N/A R Ier ID# Cub 30 Disposal Date 03/05/12	material (AROOFING	MATE	estos-containing RIAL Name of Registr TULLYTOW City, State	Full C Mini- Glove Non-	Amoun (Special LF) 30 CU Y	edure (*) and Non int ify SF or DS E RECOVE	-friable R e m o v e	proce R e p	E n c a	n c

003484

D&S Proj. #: MS 12-87

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

			- (0)	No.	181 781	n 11/1	PIN			_	-	
Date of Notification (1)	Name of Build		Operator (2)	HJ)	the Girth	1 1						
0 3 / 0 1 / 1 2	JOSE PAC			Line's		-	11 11					
Agencies Notified Type Notificat					MAR	6 2012						
☐ Amended		OFT AVE	NUE							_	_	
DEP Amendment #	City, State, Zi	p Code		Ī	Terrespondent to the second	091901	A	District of	34			
DOL Emergency	UPPER N	MONTCLA	IR, NJ 0704	3	1.11		The State of the S	Number		_	-	
DOH (including	Name of Cont	act		tal spare			Telephone	Number				
justification	TOSE DA	GAN	·									
Cancellatio	n 3055111		TY INFORMAT									
		FACILI	I Y INPURMAT	1014		Type	of Facility (4	H) (4				<i>7</i>
Name of facility where abatement	is taking place (3)					11750	School	(K - 12)				
TOOR DACAN							Subcha	apter 8 (Of	ther tha	n K-1	2)	
JOSE PAGAN						1	Other (Private/Co	mmerc	ial		
Street Address								Homes, et		Bldo	. Age	
4 OAKCROFT AVENUE						- Squ	are Feet	# 01 11001	5	5,08		
City (5)	County (6)				Code (7) use only)	- Cu	rrent Use (Pi	ior if being	demo	ished)	_
72 WASS	POCEST			(State I	196 Ottly)	Cu	Helli Ose (FI	.or it being	5 -0.110	MANUS TON		
UPPER MONTCLAIR,	ESSEX		ASCM No.	TIN	ame of Abateme	ent Contra	ctor (9)				•	
Name of Monitoring Firm Hired by	y Bldg. Owner (8)	1	ASCIVI NO.	11	D & S RESTO							
					reet Address	IKATIO	11, 1110.					
Street Address				115	20 California	Ave						
					ty, State, Zip Co							
City, State, Zip Code					Paterson, NJ							
					elephone Number			TLicense	Numbe	er		
Project Manager for Monitoring Fi	rm Pt	none Number	r		973-345-80			0	0159			
				_	ame of OSHA M							accella.
Start Date (10)	Sched. Completi	on Date (11)			D & S Restor		nc.					
03/12/12	03/21/12			S	treet Address							
Occupancy Status During Abatem					20 California	Avenue)					
☐ Facility closed/vacated duri	ng entire period of abate	ement.		C	ity, State, Zip Co	ode						
Abatement performed outsi	de of normal facility hou	ırs-										
Describe: NORMAL NORMAL				-11	Paterson, NJ	The second second second						
Other-Describe.	anly)					Full C	Containment	w/negative	e press	ure		
Scope of Work (check all that approximately \$\frac{3}{2}\$ sf or \$\frac{3}{2}\$ If	Renovation						enclosure					
						Glove	ebag proced Exempted (*	ure and Nor	-friable	proce	edure	
≥160 sf or ≥260 lf	Demolition	ad aalaly					<u>Caronipas (</u>		R	R	E	E
Location of	Is location normally by maintenance/cu	stodial		n of ac	bestos-containin	ıa l	Amount		e m	e p	n	n
asbestos-containing material (acm) to be	staff(12)		material (003100 0011211111	9	(Specify LF)	SF or	0	a	а	l C
abated in facility (13)	Yes No	N/A					_, ,		v e	r	р	
			PIPE INSU	LATIC)N		6 L FT					
FIRST FLOOR CLOSET	X		BARE HEA				3 L FT					
BASEMENT 3 LOCATION		-	DAKE HER	11110								
		JD# 1.0	Cubic Yards of	Naste	Name of Regist	tered Lar	dfill				-	
Registered Waste Hauler	NJDEP Haule		UDIC TAIUS OF	, , , , , , ,	TULLYTOV	WN, RE	SOURCE I	RECOVI	ERY			
D & S RESTORATION, IN	15500	Disposal D			City, State							
City, State PATERSON, NJ 07503		03/13/1			TULLYTO	WN, PA						
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT							03/0	1/12			
DOGDAN COLDEN	The second second	m for achaet	ne licensure ex	remoted	activities.							

003485

D&S Proj. #: MS 12-86

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2) Date of Notification (1) $\begin{bmatrix} 0 & 3 & / & 0 & 1 & / & 1 & 2 \end{bmatrix}$ STEVE LUCACS Agencies Notified Type Notification Street Address MAR 6 2012 M Initial ☐ EPA 40 CEDAR AVENUE Amended DEP City, State, Zip Code Amendment #: X DOL HIGHLAND PARK, NJ Emergency Telephone Number (including Name of Contact DOH. justification) STEVE LUCACS DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) STEVE LUCACS Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 40 CEDAR AVENUE County Code (7) County (6) Current Use (Prior if being demolished) (State use only) **MIDDLESEX** HIGHLAND PARK Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 03/13/12 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf □ Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf E Is location normally used solely E e n Location of by maintenance/custodial Amount Description of asbestos-containing m p asbestos-containing C staff(12) (Specify SF or C material (ACM) 0 a material (acm) to be a V abated in facility (13) p N/A Yes No 78 L FT X PIPE INSULATION BASEMENT 10 SQ FT X **HEAT SHIELD** BASEMENT X CHIMNEY THIMBLE PACKING 1 LFT BASEMENT 4 SQ FT TRANSITE **BASEMENT 6 LOCATIONS** Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 2 YDS 13506 D & S RESTORATION, INC. City, State Disposal Date City, State 03/14/12 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 03/01/12 PRESIDENT **BOGDAN JOLDZIC**

ti-----

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1109-1594 Check #: 2591

ate of Notification	(1)		Na	me o	f Build Plaza	ing Ow	ner / Operator (2 ates, c/o Edward D	2) C. Sheehan,	Esq. N//	200	See and			
3/1/12 Agencies Notified	Type Notific	cation	Str	eet A	ddres:	s		<u> </u>						
⊠ EPA □ DEP	⊠ Initi	al ended	Cit	y, Sta		Zip Coc	le	MAR	6 2012		_	Nive	hor	
☐ DEP ☐ DOL ☐ DOH ☐ DCA	Em	ergency ncellation	Na	me o	f Cont	act			To the second se	Telepho	one	Null	ibei	
☐ DCA	☐ Car	ICEIIAIIOII					DILATION	ASSESTA			-	-		
				FAC	LITY	INFO	Type of Facility	(4)						
Name of Facility W Camden Plaza Hote	/here Abater I	nent is Taking Pl	ace (3)				School (K-1	2)	nan K-12)					
Street Address							Other (i.e. p	orivate & co	mmercial build	lings, hon	nes	, etc	.)	
500-510 Cooper Str	eet					(i	Square Feet	# of FI	oors	Bldg. Ag	ge		8	
2:h. (5)		County (6)	Cour	nty Co	ode (7)	75,000	6	-la-maliahad)	85 years	-		_	\neg
City (5) Camden		Camden					Current Use (Pr Vacant							
Name of Monitorin	ng Firm Hired	by Building Owr	ner (8)		ASC	И No.	Name of Abater Asbestos and Mo	ment Contro old Services	actor (9) s, Corp.					
Street Address	eet Address Box 316 7, State & Zip Code						Street Address 3859 Sylon Blvd							
PO Box 316 City, State & Zip C	Code				2 41		City, State & Zip Hainesport, NJ 0	8036						
Project Manager f	State & Zip Code ofare, NJ 08086 ect Manager for Monitoring Firm or Steve Flanigan				Numbe 0	er	Telephone Nun 609-702-0400	nber	License	e Numbe 008				
Scheduled Start D	ect Manager for Monitoring Firm or Steve Flanigan eduled Start Date (10) Scheduled				-		Name of OSHA EMSL Analytical							
3/14/12 Occupancy Status	s During Aba	tement (Check o	nly one) f Abo	tomor	·+	Street Address							
Abatemer Describe:	nt Performed	d During Entire F Outside of Norm	nal Hour	rs	ilemen		City, State & Zi Westmont, NJ 0	p Code						8
Scope of Work (C		t apply)							Containment wit	th Negativ	ve F	res	sure	
≥3 sf or ≥ ⊠ ≥160 sf ≥					ovatio nolitior			Mini-l Glove	Enclosure Bag Procedur Exempted and	res Non-Fria	ble	Prod	edu	re
							Description		Amour		bat	eme	nt T	ype
l N	Location of estos-Contai Material (ACM O BE ABATE	/ I)	Norn So Main		Jsed	i	Asbestos-Conta Material (AC (i.e., thermal sy nsulation, surfaci	aining M) stems ng, VAT	(Specit SF or L	F)	Remova	Repair	Encapsulate	Encisoure
	in Facility (13)		S	(12)			or other miscella	neous)			-		ate	a
			Yes	No	N/A	Roofin			11,000 SF		XI.			
Roof				H	Image: square of the square of		ashing		1,000 SF		<u> </u>	무	무	H
Roof			+ 片	H			te Material		6 SF		X	무	무-	H
Roof Various Locations	s Throughout		15	H	Ø		nsulation		2,720 LF		X			
(Basement, Stairy	well, 1 st , 5" &	6" Floor)			Ø	Floor	Tile		15,300 SF		XI			
(Basement & 1st F	loor through	6" Floor)				Exhau	st Duct Insulation	1	400 SF		X	뷰	H	F
Boiler Room			H	Ħ		Boiler	Insulation		300 SF		XI XI	뷰	H	十片
Boiler Room Boiler Room					M	Holdi	ng Tank Insulation	News of F	300 SF Registered Lan					
Name of Registe	ered Waste I	Hauler			auler l	D No.	Cubic Yards of Waste	GROWS	registered Lati	Gilli				
Horizon Disposal	l				226	12	Disposal Date	City, State	9			_		
City, State							5/14/12	Morrisville					0	
Trenton, NJ Completed By (I)		11000	tle		Signature			1	ate 1/1	2		
Kim Trumbett				A	dmin	•1	TECH							

1111100			NOTIFICA (Pursu	ant to N.J.A.C	2. 8:60 and 12:120	2 19 10 10 10 10 10 10 10 10 10 10 10 10 10		42 (I N	0 5		۱ ا	
4914					Name of Building	Owner/Oper	rator (2)					
Date of Notification (1)	0/07/20	42			SUNOCO, I	NC. (R&	iS)					
	2/27/20	Notification T	vpe		Street Address		MAR	6 20	012			
Agencies Notified					1000 CROWN P	OINT RD	110,000			SINDHIN'		
(X) EPA () DEP		(X) Initial No () Amended Amendm	Notification ent #		City, State, Zip C	ode	- ASSES	is grafic	J. &	1	No. of Concession, Name and Posts	
(X) DOL (X) DOH () DCA		() Emergend () Cancellat	cy (including	justification)	WESTVILI Name of Contact		8093	el. Numbo		No Principal Association		\neg
					PAT HUSSEY	* 60 x x p					- m/A - 1/3	
				FACILITY IN	FORMATION Type of Facility ((4)						Stanta .
Name of Facility Where A	Abatement is T	aking Place (3			() School (K-12 () Subchapter 8 (X) Other (i.e. pr) R (other than	K-12) nercial bldgs	., homes, e	etc.			
Street Address										OORS		
ALKY AREA 1000 CRO	County (6)		County Coo (State Use		Sq. Feet Bldg. Age		# OT F	10015	0010	Jone		
WESTVILLE RD	GLOUCES.	TER			Current Use (pri	or if being de	emolished)	VACAN	NT			
Name of Monitoring Firm	<u>n</u>		ASCM No.		Alliance Enviro	nmental Sy	stems					
AET, INC.					Street Address							
Street Address 28 PENNELL RD			17.		550 East Union							
City, State, Zip Code					City State, ZipC West Chester,	PA 19382						
MEDIA PA		Telephone	Number		Telephone Num			License Nu	umber			
Project Manager for Mo	nitoring Firm	610891011			610-701-9000			00508			Vii - 12	
DAVE TUROTSY				- (11)	Name of OSHA	Monitor						
Scheduled Start Date (3/12/2012	10)	Scheduled 5/31/2012	Completion I	Date (11)	AET, INC	, mornie						
Occupancy Status Duri					Street Address 28 PENNELL F	RD				70_		
(X) Facility Closed/Vac () Abatement Perform	ed Outside of N	Normal Facility	Hours -		City, State, Zip MEDIA, PA	Code						
Describe					MEDIA, PA							
Other -												
Source of Work (Check () Demolition () F						\ Minor Pro	j. (<25 SF or	<10 LF AC	(M			
() Demolition () F (X) Large Proj. (>160 S () Full Containment w	SF or >260 LF	ACM) () SM F	Proj. (>25<16 Mini-Enclosur	60 SF or >10 < re () Glov	ebag Procedure		Specify SF or			ent Typ	e	
Location of Asbestos-	1 12 1 (rcanion Numba	114 0300	Description	of ACM (i.e.	Amount (S	specify St. of					
Containing Material (A	CM) in Sole	ly by Maint./C	ustodial	thermal syst	tems insulation, AT, or other				Rem	Rep.	Encap	Enclose
Facility (13)	YE YE	f? (12) S NO	NA	miscell.)				-+	T			
						-			11301			1
				PIPE INSUI	IATION	11943LF			<			
ALKY AREA			X X	TRANSITE BLOCK INS	PANEL	5800SF 5717SF		3	X X			
								Name of	Dog	l andfill		1
Name of Reg. Waste	Hauler	NJDEP W	Vaste Hauler	ID #\	Cubic Yards			WM TUI				
WASTE MANAGEME	ENT				Approx. 600		Disp. Date	17111 131		City, Sta	te	
City, State										TULLEY	TOVAIN	РΔ
							TBD	Date		ULLEY	LOAAIA	
TULLEYTOWN, PA Completed by (Print	or Type)	Title			Signature	0	1	<u>Date</u>				
DEVIN BLOM	OI I Abol	Estimate	or		Le	5		2/27/20	12			
DEAIN DEOM		77.785777.5355555										

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 5095 2012-47 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 0 3 /0 2 /1 2 Amanda MacAlpin Type Notification Agencies Notified Street Address 7 EPA 2012 MAD 138 Orton Road Initial DEP City, State, Zip Code Amendment DOL West Caldwell, NJ 07006 Telephone Number Name of Contact DOH. Cancellation Amanda MacAlpin ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Amanda MacAlpin Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 138 Orton Road County Code (7) County (6) Current Use (Prior if being demolished) (State use only) residential Essex West Caldwell, NJ 07006 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 3/12/2012 3/12/2012 105 Ryerson Road Occupancy Status During Abatement (Check only one) ☐ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Renovation Demolition ■ Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \boxtimes >3 sf or >3 lf E Is location normally used solely e n Location of by maintenance/custodial Amount m Description of asbestos-containing C asbestos-containing (Specify SF or C staff(12) 0 a material (ACM) material to be p abated in facility (13) N/A No Yes 48 lf pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 1 yard 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 3/13/12 Lincoln Park, NJ 07035 Date Signature Cordana Luna Completed by (Print or Type) Title

Treasurer

Gordana Luna

3/2/2012

B & G proj. #: 2012-49

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) *** Emergency ***

Check # 5094

B & G proj.	FULL			未水水	Emerge	ency	- 50 h	CONTRACTOR OF THE SECOND CONTRACTOR OF THE SEC	nave d	***				7
FALES - E		1 Norma of	Building O	wneriOp	erator (2)	- The last of	A STATE OF THE PARTY OF T		A LANGE	ROWED		1		
te of Notification		11		-	F.	(P)	ie: n NA	E mile	Most Host	th & Senior S	ervices	-	-	-
13 1/10 12	Type Notification	Hanse Street Ac	Youngb	1000	11116	101	15 0 0	To (1	CONTRACT OF THE PARTY OF THE PA	٦		
encies Notified		1 1		whereast !	LAT					Ignature)	961	P		-
☐ DEP	M Initial	City, Sta	egman Pa te, Zip Coc	ie ie		MAR	6 201	2 Date	44	/ Crime:_		ئنڌ		27.20.1
⊠ por	Amendment	16126	y City, N.	07305	1-2 1-1				Telephon	e Number				
DOH 🛛	Cancellation	Name of		استدادا	}	ASEE8	TOS COLLANA NOTASINO	. Ĝ	1				_	=
☐ DÇA		Han	sel Young		Y INFORMAT	TION -								_
				FACIUI	1 Ildi Ordina			Туре	of Facility	(4) of (K - 12)				
lame of facility w	here abatement is to	king place (3)							Subch	apter 8 (Othe	r than	K-12)	
Hansel Young	blood								Other Plans	(Private/Com /Homes, etc.	mercia			
Street Address								Squ	are Feet	# of Floors	T	Bldg,	Age	_
63 Wegman F	arkway					Cons	nty Code (7)	-11	1			1 . 45		-
City (5)		County (8)				(Stat	e use only)		rent Use (I idential	Prior if being	demolis	hed)		=
Jersey City, 1	NJ 07305	Hudson	-	- 1	SCM No.	-11	Name of Abat	tement Contra	ctor (9)					
Name of Monito	ring Firm Hired by Bk	dg. Owner (8)		1	43 CIN 140.		R&GRe	storation, In	C					
n/a					7,,,,,,	=	Street Address	SS 2						
Street Address							105 Ryers	on Road				_		
City, State, Zip C	ode	7014					City, State, Zi		35	80,890,000				
						_	Telephone N	Park, NJ 070		License	umbe			
Project Manager	for Monitoring Firm	70.4	Phone	Numbe	r		973-696	-6869		0378		=		
					F-77	_	Name of OS	HA Monitor	4					
Scheduled Start	t Date (10)	Sched. C	nodsigmo	Date (11)				estoration, I	nc.			_	-	
2/2/2012		3/2/201				_	Street Addre	rson Road						
The supplied State	tus During Abatemen	t (Check only	000)	ant.			City, State,	Zip Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ALIE OF		70,00	
# X	losed/vacated during nz performed outside	entire period	Of SIDBIGITIE	ent.				Park, NJ 07	035					
Describe Other-De	:						Lincolu	Tain, 113 U						
Scope of Wor	k (check all that appl	y)					Full Contains	nont sulnanath	le pressuré	Glove	bag pro	cedi	are.	
Demoliti						니				☐ Non-f				
		≥160 sf or ≥2	260 If			- IXI	Mini-enclosu				R	R	E	E
		I to location	normally us	sed solel	Y		e h de de -	nrinina	Amou	זענ	e m	P	n	π
asbesto Location	s-containing	by mainten staff(12)	ance/custo		Descri materi	pilon o	f asbestos-cor M)	(interioral	(Spec	cify SF or	O	B,	a	L
materia	i to be in facility (13)	Yes	No	N/A							0	با	P	1-
anaroa				X	I pipe insu	alation	1		30 lf	District FAT	N	닏	뷰	#
basement					1						#	片	卄	卡
						-			-		井	ዙ	#	#
									-		井	#	#	1
		-			1				andfill	- WHI			1	1
Registered W	Jacra Hauler	NJOE	P Hauler I	D#	Cubic Yards	of Wa	ste Name of	Registered L	ce & Reco	overy Center	·			
B & G Res	storation, Inc.	195			1/2 yard		City, St							
City. State				Disposa 3/5/20				town, PA			1,000			
Lincoln P	ark, NJ 07035			213121	Signatu	re				Date				
Completed to	by (Print or Type)	Title Treasure	er				Goedon	a Lance		3121	2012			

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2012-49

(Pursuant to NJAC 8:60-7 and 12:120-7)

*** Fmergency ***

Check # 5094

B & G proj. #:	2012-49			**	* Emerg	ency	***	CHECK #	5071	- 1	==		-
Date of Notification	(1)	I I Name	of Building	Owner/O	perator (2)		I I F	CE W	EM				
0 3 /10 2			sel Young								_		
gencies Notified	Type Notification		Address	501004									
☐ EPA		63	Wegman	Parkway				MAR 6 2012	- 1				
☐ DEP		City, S	State, Zip C			dames a Spring							
DOL	Amendment	Jer	sey City,	NJ 0730	5		i	Telephone	Number				-
⊠ DOH	_		of Contact				Language			- Militar			
☐ DCA	Cancellation	Ha	nsel You	ngblood									_
				FACILIT	TY INFORMA	TION							_
	here abatement is ta	king place ((3)					Type of Facility (4) I (K - 12)				
Name of facility w	nere abatement is ta	King place	,						apter 8 (Othe	r thar	K-1	2)	
Hansel Young	blood							Other (Private/Com	merci	al		
Street Address									Homes, etc. # of Floors	$\overline{}$	Bldg	. Age	_
63 Wegman P	arkway					Carret	Code (7)	Square reet	# OI 1 .00.0				_
City (5)		County	(6)				use only)	Current Use (P	rior if being d	emol	ished)	
Jersey City, 1	NJ 07305	Hudso			ASCM No.	TIN	ame of Abatement						_
Name of Monitor	ring Firm Hired by Blo	g. Owner (8)	1	ASCIVI NO.		B & G Restorati						_
n/a							treet Address						
Street Address							105 Ryerson Ro			_	_		-
City, State, Zip C	ode					C	ity, State, Zip Code						
City, State, 2.p o						_	Lincoln Park, 1	NJ 07035	License N	umbe	r	_	_
Project Manager	for Monitoring Firm		Phor	ne Numbe	er	11'	973-696-6869		0378				_
							Name of OSHA Mo						
Scheduled Start	Date (10)	Sched. (Completion	Date (11)		B & G Restora	tion, Inc.			-		_
3/2/2012		3/2/20					Street Address	and					
Occupancy State	us During Abatement	(Check on	y one)				105 Ryerson R City, State, Zip Coo			_			
Facility clo	osed/vacated during entry performed outside of	entire period of normal fa	of abatem	ient. 5-			Sity, Otato, Esp our						
Describe:							Lincoln Park,	NJ 07035				_	_
Other-De													
Scope of Work Demolition	(check all that apply	, Renovation	i			☐ F	ull Containment w/	negative pressure	Gloveb				
		≥160 sf or ≥				⊠ N	lini-enclosure		☐ Non-fri	able p	R		_
>3 sf or >		Is location	normally u	sed solel	у			Amount		e	е	E n	E n
Location	-containing	by mainter staff(12)	nance/cust	odial	Descrip	otion of as	sbestos-containing	(Specif		m o	p a	c a	C
material	to be n facility (13)	Yes	No	N/A	materia	i (AON)		LF)		v e	i	р	
abated ii		. 00			pipe insu	lation		30 lf		X			
basement					pipe ilisu	lation	New March Control of the Control of					旦	부
					1					日	닏	붜	+
										!!	ዙ	井	부
								10.100		Ш			
Registered Wa	ste Hauler		EP Hauler	ID#	Cubic Yards	of Waste	Name of Registe	ered Landfill esource & Recov	ery Center				
B & G Rest	oration, Inc.	195	663	Disposal	1/2 yard Date		City, State						
City, State	-l. NI 07025			3/5/20			Tullytown, F	PA	75				_
	rk, NJ 07035 (Print or Type)	Title			Signature	9	Gordana Lur	ra	Date 3/2/20	12			
Gordana L		Treasure	er		_		Junior General						

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 5077 Sub 8 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Thomas Edison State College 10 12 1/1 17 1/1 12 2012 MAR Street Address Agencies Notified 101 West State Street EPA Initial A\$51810 City, State, Zip Code ☐ DEP Telephone Number Trenton, NJ 08608-1176 Amendment X DOL Name of Contact DOH. Cancellation Mary Hack ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K-12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Kuser Mansion Bldg. Age # of Floors Square Feet Street Address Current Use (Prior if being demolished) County Code (7) 315 West State Street County (6) (State use only) Educational City (5) Name of Abatement Contractor (9) Mercer ASCM No. Trenton Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. 00100 Street Address Brinkerhoff Environmental 105 Ryerson Road Street Address City, State, Zip Code 1805 Atlantic Avenue, Suite R5 Lincoln Park, NJ 07035 City, State, Zip Code License Number Telephone Number Manasquan, NJ 08736 0378 Phone Number 973-696-6869 Project Manager for Monitoring Firm Name of OSHA Monitor 732-223-2225 B & G Restoration, Inc. Sched. Completion Date (11) Jason Hooper Scheduled Start Date (10) Street Address 5/4/2012 105 Ryerson Road 3/5/2012 Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Glovebag procedure ☑ Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation Demolition Mini-enclosure E E ≥160 sf or ≥260 lf e n $\square > 3 \text{ sf or } > 3 \text{ lf}$ Is location normally used solely n Amount m C Description of asbestos-containing (Specify SF or by maintenance/custodial 0 Location of LF) asbestos-containing material (ACM) V p staff(12) material to be N/A No abated in facility (13) Yes 30,000 SF wall and ceiling plaster 1,100 SF Throughout bldg. interior 12"x12" floor tile 10 SF Rooms 307 and 308 Window Glazing 10 SF Basement Electric Room Window Glazing 50 SF Basement Telephone/Data Room Transite Ceiling Panel Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center Basement Boiler Room NJDEP Hauler ID# Registered Waste Hauler 200 yards 19563 B & G Restoration, Inc. City, State Disposal Date Tullytown, PA 3/5/12 to 5/4/12 City, State Date Lincoln Park, NJ 07035 Signature Gordana Suna 2/17/2012 Completed by (Print or Type) Title Treasurer Gordana Luna

B & G proj. #: 2012-34 Amended #2

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5097

Sub 8

Bad bloj.					Sub	0		2 0 0		7			
Date of Notification	1 (1)	Name	of Building	Owner/Op	erator (2)			BIW	EIN				
0 3 /10 2		Tho	nas Edisor	n State C	ollege					-			=-
Agencies Notified	Type Notification		Address					IAR 6 201	2 1	/			
	☐ Initial	101	West Stat	e Street			1 1 1 1	IAIT U CO.	3200-	+			_
☐ DEP			tate, Zip Co						1				
⊠ DOL		Company of the Compan	nton, NJ 0		76			Telephone	Number				
☑ DOH			of Contact				La Mariana Mariana	Tolophisms	and the second second	_	2		
	☐ Cancellation	II M	ary Hack								-		=
☐ DCA			ily rider	FACILITY	Y INFORMAT	TION							
				FACILIT	T IN OTHER			Type of Facility (4	4)				
Name of facility v	where abatement is tak	ing place (3)				- 5		(K - 12)	than	K 12	١	
								Subcha	apter 8 (Oth Private/Cor	er than mercia	N-12)	
Kuser Mansio	on							Bldgs./	Homes, etc				
Street Address									# of Floors		Bldg.	Age	
315 West Sta	ite Street		<u> </u>			County	Code (7)			l_			=
City (5)		County	(6)		1		use only)	Current Use (P	rior if being	demoli	shed)		
		Merce	r					Educational			_		_
Trenton	oring Firm Hired by Bld			T A	SCM No.	1.1	ame of Abatement (
		,			00100		B & G Restoratio	n, Inc.			_		_
	Environmental	- discount				S	treet Address						
Street Address	· · · · · · · · · · · · · · · · · · ·						105 Ryerson Roa	id	#1				
1805 Atlant	ic Avenue, Suite R5					c	ity, State, Zip Code	07025					
Manasquan,							Lincoln Park, N. elephone Number	07033	License	Numbe	٢		
Manasquan,	r for Monitoring Firm		Phon	e Number			973-696-6869		0378				_
			732	2-223-22	25		Name of OSHA Mon	itor					
Jason Hoop Scheduled Stan	t Date (10)	Sched.	Completion	Date (11)			B & G Restorati						
	(Date (10)	5/4/20	12			1	Street Address						
3/6/2012							105 Ryerson Ro	ad					
	tus During Abatement losed/vacated during e	ntire perior	of abatem	ent.		- 11	City, State, Zip Code						
Facility Cl	nt performed outside of	of normal fa	cility hours-					11.07025					
Describe							Lincoln Park, N	13 0 /033			_		
Other-De									Glove	had nr	cedu	ıre	
Scope of Wor	k (check all that apply)	Renovation	1				ull Containment w/n	egative pressure	☐ Non-				
		160 sf or					Mini-enclosure		LI NOTE	TR	R	E	
	> <u>3</u> If	le location	normally u	sed solely				Amoun		е	е	n	E n
Location	n of	by mainte	nance/custo	odial	Descrip	otion of a	sbestos-containing	(Specif	y SF or	m o	p a	c	C
materia	s-containing I to be	staff(12)			materia	al (ACM)		LF)		v e	i	р	-
abated	in facility (13)	Yes	No	N/A				30,000 S	F	×			
mt show	t bldg. interior	T. 1	X		wall and			1,100 SF		X			
Rooms 307	and 308		X		12"x12" 1			10 SF		X			
Rooms 307	Electric Room		X		Window		NAME OF TAXABLE PARTY.	10 SF		X			
	elephone/Data Room		X		Window			50 SF		図			TO
	Boiler Room		X		Transite	Ceiling	Tal of Dogictor	ed Landfill					
Registered W	laste Hauler		EP Hauler		Cubic Yards 200 yards	ot vvaste	Tullytown Re	source & Recov	ery Cente	r			
B & G Res	storation, Inc.		563	Disposal	The second second		City, State						
City, State				3/6/12	to 5/4/12		Tullytown, P.	A	Date				
Lincoln P	ark, NJ 07035	Title		l 	Signature	е	Gordana Lun	a	1,077	2012			
Completed b Gordana I	y (Print or Type)	Treasur	er				Jouana Line						
Gordana	Dulla					100							

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2012-34 B & G proj. #: Check # 5064 Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 0 2 /1 5 /1 2 Thomas Edison State College Agencies Notified Type Notification Street Address M Initial 101 West State Street DEP City, State, Zip Code Amendment DOL Trenton, NJ 08608-1176 Telephone Number Name of Contact DOH. Cancellation ☐ DCA Mary Hack FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 8 (Other than K-12) Kuser Mansion Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 315 West State Street County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Educational Mercer Trenton Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 00100 Brinkerhoff Environmental Street Address Street Address 105 Rverson Road 1805 Atlantic Avenue, Suite R5 City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Manasquan, NJ 08736 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 732-223-2225 Jason Hooper Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 4/30/2012 3/1/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure □ Renovation ☐ Demolition Non-friable procedure Mini-enclosure >160 sf or ≥260 lf 3 sf or > 3 IfIs location normally used solely Ε е е n Location of by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) C 0 material (ACM) material to be a abated in facility (13) Yes No N/A e X 30,000 SF wall and ceiling plaster Throughout bldg, interior 図 1.100 SF 12"x12" floor tile Rooms 307 and 308 10 SF Window Glazing Basement Electric Room 10 SF Window Glazing Basement Telephone/Data Room 50 SF Transite Ceiling Panel Basement Boiler Room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 200 yards 19563 B & G Restoration, Inc. Disposal Date City, State City, State 3/1/12 to 4/30/12 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Title Cordana Luna 2/15/2012 Treasurer Gordana Luna

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1203-1626 Check #: 2592

te of Notification			Street	point @ th	wner / Operator (2) e Atrium, Inc.		c 201	2	The state of the s	10.		
encies Notified EPA DEP DOL	Type Notifica		City, St Prince	ate & Zip Co ton, NJ 08	540	MAR		Telepho	ne N	lumb	er	
☑ DOH □ DCA		ellation			za, C&C Construc	ction wight.				2.1		1
				ILITY INFO	Type of Facility (4	4)		- 0	77.77	tak 100 P		
ame of Facility W	here Abateme	ent is Taking Pla	ce (3)		School (K-12	2) 0. (Other than	K-12)					
he Atrium treet Address						rivate & comn	nercial build	ings, hon	nes,	etc.)		_
O Riverside Av	enue				Square Feet	# of Floor	S	Bldg. Ag	ge			
0 Kiveiside Av	0	200000				14		1960				
ity (5)		County (6)	County (code (/)	140,000 Current Use (Pri	or if being der	molished)					
ted Bank		Monmouth			Apartment Bu	ildina						_
					Name of Abatem	ent Contracto	or (9)					
lame of Monitorin	na Firm Hired I	by Building Own	er (8)	ASCM No	Asbestos and	Mold Servi	ces, Corp.					_
criterion Labor	atories				Street Address							
treet Address					3859 Sylon Bl	vd.						_
370 Progress	Drive, Suite	J			City State & Zip	Code						
City, State & Zip (Code				Hainesport, N	J 08036	I.:	- Numbo	\r	-		_
Pancalem PA			Telephone	Number	Telephone Num	ber	Licens	e Numbe	862			
Project Manager	for Monitoring	Firm	215-244-	1300	609-702-0400			000	002			_
Mike Panapres	so	Scheduled Cor			Name of OSHA	Monitor						
Scheduled Start I	Date (10)		ilpicaen -		EMSL Analyti	ical						
		2/46/12			ENGL Analy							
3/15/12		3/16/12	nly one)		Street Address							
3/15/12		+ (Chaok o	nly one) Period of Al	atement	Street Address	Ave.						_
Occupancy Statu	is During Abat	tement (Check o		oatement	Street Address 107 Haddon City, State & Zi	Ave. p Code						
Occupancy Statu Facility C Abateme	is During Abat Closed/Vacated ent Performed	+ (Chaok o		patement	Street Address	Ave. p Code				-		
3/15/12 Occupancy Statu Facility C Abateme Describe	us During Abat Closed/Vacated ent Performed	tement (Check o		patement	Street Address 107 Haddon City, State & Zi	Ave. p Code IJ 08108						
3/15/12 Occupancy Statu Facility C Abateme Describe	is During Abat Closed/Vacated ent Performed e: Area	tement (Check o d During Entire F Outside of Norm		oatement	Street Address 107 Haddon City, State & Zi	Ave. p Code IJ 08108	ntainment wi	ith Negat	ive F	Press	ure	
Occupancy Statu Facility C Abateme Describe	is During Abat Closed/Vacated ent Performed e: Area	tement (Check o d During Entire F Outside of Norm	al Hours		Street Address 107 Haddon A City, State & Zi Westmont, N	Ave. p Code J 08108 Full Cor	ntainment wi		ive F	Press	sure	
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (is During Abat closed/Vacated ent Performed :: Area Check all that	tement (Check o d During Entire F Outside of Norm	al Hours	enovation	Street Address 107 Haddon A City, State & Zi Westmont, N	Ave. p Code J 08108 Full Cor	closure	ires				
3/15/12 Occupancy Statu	is During Abat closed/Vacated ent Performed :: Area Check all that	tement (Check o d During Entire F Outside of Norm	al Hours		Street Address 107 Haddon A City, State & Zi Westmont, N	Ave. p Code J 08108 Full Cor	closure	ires I Non-Fria	able	Proc	edur	re
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (is During Abat closed/Vacated ent Performed :: Area Check all that	tement (Check o d During Entire F Outside of Norm	R D	enovation emolition	Street Address 107 Haddon City, State & Zi Westmont, N	Ave. p Code J 08108 Full Cor Mini-En Glove E Non-Ex	closure Bag Procedu empted and Amou	ires I Non-Fria	able	Proc		re
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf	is During Abat Closed/Vacated ent Performed e: Area Check all that ≥3 If ≥260 If	tement (Check of During Entire F Outside of Norman	R D	enovation emolition ation	Street Address 107 Haddon City, State & Zi Westmont, N	Ave. p Code J 08108 Full Cor Mini-En Glove E Non-Ex	closure Bag Procedu empted and Amou (Spec	res I Non-Fria Int	able	Proc	edur	re yp
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf	is During Abat Closed/Vacated ent Performed e: Area Check all that ≥3 If ≥260 If Location of bestos-Contain	tement (Check of During Entire Foutside of Normal apply)	R D Is Loc	enovation emolition ation y Used	Street Address 107 Haddon A City, State & Zi Westmont, N Description Asbestos-Cont. Material (AC	Full Cor Full Cor Glove E Non-Ex of aining	closure Bag Procedu empted and Amou	res I Non-Fria Int	able Abat	Proc	edur	yp
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf	Is During Abat Closed/Vacated ent Performed :: Area Check all that ≥3 If ≥260 If Location of bestos-Contain Material (ACN	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole	enovation emolition ation y Used y by	Street Address 107 Haddon A City, State & Zi Westmont, N Description Asbestos-Conte Material (AC) (i.e., thermal sy	P Code IJ 08108 Full Cor Mini-En Glove E Non-Ex of aining CM) rstems	closure Bag Procedu empted and Amou (Spec	res I Non-Fria Int	able Abat	Proc	edur	yp
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf	Is During Abate Closed/Vacated ent Performed ent Performe	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi	enovation emolition ation y Used y by ance or al Staff?	Street Address 107 Haddon A City, State & Zi Westmont, N Description Asbestos-Conte Material (AC (i.e., thermal sy insulation, surfac	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure Bag Procedu empted and Amou (Spec	res I Non-Fria Int	able	Proc	edur	yp
3/15/12 Occupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf	Is During Abat Closed/Vacated ent Performed E: Area Check all that ≥3 If ≥260 If Location of bestos-Contain Material (ACM TO BE ABATE in Facility	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodia (1	enovation emolition ation y Used y by ance or al Staff? 2)	Street Address 107 Haddon A City, State & Zi Westmont, N Description Asbestos-Conte Material (AC) (i.e., thermal sy	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure Bag Procedu empted and Amou (Spec	res I Non-Fria Int	able Abat	Proc	edur	yp
3/15/12 Occupancy Statu	Is During Abate Closed/Vacated ent Performed ent Performe	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi	enovation emolition ation y Used y by ance or al Staff? 2) o N/A	Description Asbestos-Cont Material (AC (i.e., thermal sy insulation, surfac or other miscella	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure sag Procedu empted and Amou (Spec	res I Non-Fria Int	able Abat	Proc	edur	yp
3/15/12 Occupancy Statu	Is During Abat Closed/Vacated ent Performed :: Area Check all that ≥3 If ≥260 If Location of bestos-Contain Material (ACM TO BE ABATE in Facility (13)	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodia (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A	Street Address 107 Haddon A City, State & Zi Westmont, N Description Asbestos-Conte Material (AC (i.e., thermal sy insulation, surfac	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure Bag Procedu empted and Amou (Spec	res I Non-Fria Int	Abat Removal	Proc	edur	yp
3/15/12 Cocupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf	Is During Abat Closed/Vacated ent Performed :: Area Check all that ≥3 If ≥260 If Location of bestos-Contain Material (ACM TO BE ABATE in Facility (13)	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A	Description Asbestos-Cont Material (AC (i.e., thermal sy insulation, surfac or other miscella	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure sag Procedu empted and Amou (Spec	res I Non-Fria Int	Abat Removal	Proc	edur	yp
3/15/12 Coccupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf ≥160 sf Asi	Is During Abat Closed/Vacated ent Performed :: Area Check all that ≥3 If ≥260 If Location of bestos-Contain Material (ACM TO BE ABATE in Facility (13)	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A	Description Asbestos-Cont Material (AC (i.e., thermal sy insulation, surfac or other miscella	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure sag Procedu empted and Amou (Spec	res I Non-Fria Int	Abat Removal	Proc	edur	yp
3/15/12 Coccupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf ≥160 sf Asi	Is During Abat Closed/Vacated ent Performed Ent Ent Ent Ent Ent Ent Ent Ent Ent Ent	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A	Description Asbestos-Cont Material (AC (i.e., thermal sy insulation, surfac or other miscella	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure sag Procedu empted and Amou (Spec	res I Non-Fria Int	Abat Removal	Proc	edur	re
S/15/12 Coccupancy Statu Facility Company	Is During Abat Closed/Vacated ent Performed Ent Ent Ent Ent Ent Ent Ent Ent Ent Ent	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A	Description Asbestos-Cont Material (AC (i.e., thermal sy insulation, surfac or other miscella	Full Cor Signature Signature Provided House Signature Full Cor Signature Full Cor Signature Mini-En Signature Non-Ex of aining Signature Signature Full Cor Mini-En	closure sag Procedu empted and Amou (Spec	res I Non-Fria Int	Abat Removal	Proc	edur	re yp
3/15/12 Coccupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf ≥160 sf Asi	Is During Abat Closed/Vacated ent Performed Ent Ent Ent Ent Ent Ent Ent Ent Ent Ent	tement (Check of During Entire Foutside of Normal apply) apply)	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A EI	Description Asbestos-Cont Material (AC (i.e., thermal sy insulation, surfac or other miscella	Full Cor Simple Full Cor Simpl	ag Procedu empted and (Spec SF or	ires I Non-Fria int ify LF)	Abat Removal	Proc	edur	re yp
3/15/12 Coccupancy Statu Facility C Abateme Describe Isolated Scope of Work (≥3 sf or ≥160 sf ≥160 sf Asi	Is During Abat Closed/Vacated ent Performed Ent Ent Ent Ent Ent Ent Ent Ent Ent Ent	ement (Check of During Entire Fourtside of Normal apply) ning ning ning	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) 0 N/A El	Description Asbestos-Cont. Material (AC (i.e., thermal sy insulation, surfac or other miscella bows/Fittings Ste Cubic Yards of Waste	P Code J 08108 Full Cor Mini-En Glove E Non-Ex of aining ing, VAT aneous) Name of Re	ag Procedu empted and (Spec SF or	ires I Non-Fria int ify LF)	Abat Removal	Proc	edur	yp
3/15/12 Occupancy Statu	Is During Abate closed/Vacated ent Performed ent Performe	ement (Check of During Entire Fourtside of Normal apply) ning ning ning	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A EI	Description Asbestos-Cont. Material (A. (i.e., thermal sy insulation, surfac or other miscellation) Steel Cubic Yards of Waste 4	P Code J 08108 Full Cor Mini-En Glove E Non-Ex of aining CM) vistems ing, VAT aneous) Name of Re GROWS City, State	Amou (Spec SF or 1	ires I Non-Fria int ify LF)	Abat Removal	Proc	edur	yp
3/15/12 Occupancy Statu	Is During Abate closed/Vacated ent Performed ent Performe	ement (Check of During Entire Fourtside of Normal apply) ning ning ning	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) 0 N/A El	Description Asbestos-Cont. Material (AC (i.e., thermal sy insulation, surfac or other miscella bows/Fittings ste Cubic Yards of Waste 4 Disposal Date	P Code J 08108 Full Cor Mini-En Glove E Non-Ex of aining CM) vistems ing, VAT aneous) Name of Re GROWS City, State	Amou (Spec SF or 1	nres I Non-Fria Int Ify LF)	able Abat Removal	Proceeme Repair	edur	yp
Occupancy Statu	as During Abate closed/Vacated ent Performed ent Performe	ement (Check of During Entire Fourtside of Normal apply) ning ning ning	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) o N/A EI	Description Asbestos-Content Material (AC) (i.e., thermal sy insulation, surfactor other miscellation) Steel Cubic Yards of Waste 4 Disposal Date 3/16/12	Ave. p Code J 08108 Full Cor Mini-En Glove E Non-Ex of aining CM) vistems ing, VAT aneous) Name of Re	Amou (Spec SF or 1	nres I Non-Fria Int Ify LF) Indfill	able Abate Removal	Proceeme Repair	edur	yp
3/15/12 Occupancy Statu	as During Abate closed/Vacated ent Performed ent Performe	ement (Check of During Entire Fourtside of Normal Apply) ning ning Hauler	Is Loc Normall Sole Mainten Custodi. (1	enovation emolition ation y Used y by ance or al Staff? 2) 0 N/A El	Description Asbestos-Cont. Material (AC (i.e., thermal sy insulation, surfac or other miscella bows/Fittings ste Cubic Yards of Waste 4 Disposal Date	P Code J 08108 Full Cor Mini-En Glove E Non-Ex of aining CM) vistems ing, VAT aneous) Name of Re GROWS City, State	Amou (Spec SF or 1	nres I Non-Fria Int Ify LF) Indfill	able Abat Removal	Proceeme Repair	edur	yp

03 /	01 / 12		New	Lisbo	n Develop	omental Ce	enter							
encies Notified	Type Notification	S	treet	Address	72	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAR	6 2012		4		-	
EPA		-		state, Zi			-			1				
DEP	Amended Amendment #	1	ار, عار	. Lieb	on New J	ersey 0806	4	ROTETOR	POSTON B		-		-	
DCA (NJAC 5:16)	☐ Emergency (including	ng	Nev	V LISU	511, 14011 0			T I	elephone N	lumber	i			
DHSS	justification)			of Con		len se				HINE			_	
DCA (NJAC 5:23-8)	Cancellation	1	Vija	ay Gan	dhi					10.0	ţ			
(143/10 0.20 0)			FA	CILITY	INFORM	ATION		- " (4)			W			
New Lisbon Devel	Abatement is Taking Pla	ce (3) d Cottag	-				☐ Sch	f Facility (4) nool (K-12) ochapter 8 (ner (i.e., priv mes, etc.)	Other than I	iloroidi 2				
treet Address								e Feet	# of Floors	s B	ldg. A	ge		
104 Route 72				-					1		50+			
City (5)							240	17.15		emolished)				1
New Lisbon			TCo	unty Co	de (7)(STATE	USE ONLY)			r if being de	SITIOHOUTE S				1
County (6)			100	unity Oc				chanical						1
					Nome	e of Abateme	ent Cor	ntractor (9)						1
Burnington	irm Hired by Building Own	ner (8)	ASC	M No.	Nam	e of Abateme amond Hu	nthac	h Constru	ction Cor	poration				4
Name of Monitoring Fi					Dia	amonu nu	Пирас							
Environmental C	onnection inc.				Stree	et Address		Chrot						
Street Address					50	00 East Luz	zerne	Street						
120 North Warre	n Street				City.	, State, Zip C	Code							
City, State, Zip Code					PI	hiladelphia	a, PA 1	19124				_		-
Trenton, NJ 085	08					ephone No.			License	No.				1
Trenton, No dec	Monitoring Firm	Te	elepho	ne No.	1000000	15-739-816	6		0064	6				\dashv
Project Manager for I	1			427-02	00			vr.						- 1
Christopher Ma	tarazzo .	led Com	oletion	Date (me of OSHA								- 1
Start Date (10)		4 /	15	/ 1	2 S	SAME AS A	BOVE	:						
														- 1
03 / 15		<u> </u>			Str	eet Address								- 1
03 /15	- Abatement (Check	only one)		Str	eet Address								_
03 / 15 Occupancy Status D	During Abatement (Check	only one) ateme	ent	Str									
03 /15 Occupancy Status D ⊠ Facility Closed/V	During Abatement (Check racated During Entire Per	only one iod of Aba Facility H) ateme	ent	Str	eet Address ty, State, Zip								
03 /15 Occupancy Status D ⊠ Facility Closed/V	During Abatement (Check racated During Entire Per	only one iod of Aba Facility H) ateme	ent	Str									
03 / 15 Occupancy Status D ⊠ Facility Closed/V □ Abatement Performent of Abatement	During Abatement (Check acated During Entire Performed Outside of Normal ent: 7AM-4PM/PM	only one iod of Aba Facility H) ateme	ent	Str	ty, State, Zip	Code	ment with N	egative Pre	ssure				
03 / 15 Occupancy Status D ⊠ Facility Closed/V □ Abatement Performent of Abatement	During Abatement (Check acated During Entire Performed Outside of Normal ent: 7AM-4PM/PM	only one iod of Aba Facility H) ateme	ent	Str	ty, State, Zip	Code	ment with N	egative Pre	ssure				
03 / 15 Occupancy Status D ☐ Facility Closed/V ☐ Abatement Performe of Abatement Scope of Work (Che	During Abatement (Check acated During Entire Performed Outside of Normal ent: 7AM-4PM/PM	only one iod of Abore Facility H	ateme	ent - Descri	Str	ty, State, Zip ☐ Full C ☑ Mini-E	Code Contains	ıre						
03 / 15 Occupancy Status D ☐ Facility Closed/V ☐ Abatement Performe of Abatement Scope of Work (Che	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply)	only one iod of Aba Facility H	ateme	ent - Descri	Str	ty, State, Zip ☐ Full C ☑ Mini-E	Code Contains	ıre			Aha	teme	ent TV	pe
03 / 15 Occupancy Status D ☐ Facility Closed/V ☐ Abatement Performe of Abatement Scope of Work (Che	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply)	only one iod of Abore Facility H	ateme	ent - Descri	Str	ty, State, Zip ☐ Full C ☑ Mini-E	Code Contains	ıre	egative Pre		Aba		nt Ty	
03 / 15 Occupancy Status D ☐ Facility Closed/V ☐ Abatement Performe of Abatement Scope of Work (Che	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply)	only one iod of Ab: Facility H Renc Dem	ateme	ent - Descri	Str	Full C Mini-B Glove Non-B	Code Containi Enclosi Ebag Pi Exemp	ıre	Non-Friable	Procedure	-			
03 / 15 Occupancy Status D Facility Closed/V Abatement Performance of Abatement Scope of Work (Cheller ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PM eck all that apply)	only one iod of Aba Facility H I Reno Dem	ours ovation	ent - Descri	be Cit	Full C Mini-b Glove Non-	Code Containing Enclose Ebag Pi Exemp	rocedure ted (*) and I	Non-Friable An	Procedure	-			
03 / 15 Occupancy Status D ☐ Facility Closed/V ☐ Abatement Performence of Abatement Scope of Work (Cheller Scope Status D) ☐ ≥3 sf or ≥3 lf ☐ ≥3 sf or ≥260	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply)	only one iod of Abo Facility H I	ours ovation olition ocation o	ent - Descri	be Cit	Full C Non- Descriptions Containing	Code Contains Enclosu Ebag Pi Exemp	rocedure ted (*) and I	Non-Friable An	Procedure nount pecify	-	teme Repair		
Occupancy Status D Second Facility Closed/V Abatement Performence of Abatement Scope of Work (Cheller Scope Status D) 3 sf or ≥3 lf ≥3 sf or ≥3 lf ≥160 sf or ≥260	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply) If Decation of aning Material (ACM)	only one iod of Abo Facility H	ovationoc	ent - Descri	Asbesto (i.e., therm	Full C Full C Mini-b Glove Non-b Description Containing and systems in VAT.	Code Contains Enclose Ebag Pr Exemp on of g Maternsulation	re rocedure ted (*) and l rial (ACM) on, surfacing	Non-Friable An	Procedure	Aba Removal		Ty Encapsulate	e Enclosure
O3 / 15 Occupancy Status D	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply)	only one iod of Abo Facility H I	ovationoc	ent - Descri	Asbesto (i.e., therm	Full C Non- Descriptions Containing	Code Contains Enclose Ebag Pr Exemp on of g Maternsulation	re rocedure ted (*) and l rial (ACM) on, surfacing	Non-Friable An	Procedure nount pecify	-			
O3 / 15 Occupancy Status D	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply) If Direction of Carrier (ACM) BE ABATED	only one iod of Aba Facility H	ovation olition Sole of tenan odial S (12)	ent Descri	Asbesto (i.e., therm	Full C Full C Mini-b Glove Non-b Description Containing and systems in VAT.	Code Contains Enclose Ebag Pr Exemp on of g Maternsulation	re rocedure ted (*) and l rial (ACM) on, surfacing	An (Sr	Procedure nount pecify or LF)	Removal		Encapsulate	Enclosure
O3 / 15 Occupancy Status D	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PNeck all that apply) If the content of the cont	only one iod of Abo Facility H	ours ovation objects of the control	n Descri	Asbesto (i.e., therm	Ty, State, Zip □ Full C □ Mini-l □ Glove □ Non-l Description os Containing nal systems in VAT, other miscel	Code Containr Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	An (Sr	Procedure nount pecify	-			Enclosure
Oscupancy Status D Facility Closed/V Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Cont TO E	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of the calculus Material (ACM) as ABATED N Facility (13)	only one iod of Aba Facility H	ovation olition Sole of tenan odial S (12)	ent Descri	Asbesto (i.e., therm	Full C Full C Mini-b Glove Non-b Description Containing and systems in VAT.	Code Containr Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	An (Sr	Procedure nount pecify or LF)	Removal		Encapsulate	Enclosure
O3 / 15 Occupancy Status D	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of the calculus Material (ACM) as ABATED N Facility (13)	only one iod of Abo Facility H I	ovation olition ocation (12) No	n Descri	Asbesto (i.e., therm	Ty, State, Zip □ Full C □ Mini-l □ Glove □ Non-l Description os Containing nal systems in VAT, other miscel	Code Containr Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	An (Sr	Procedure nount pecify or LF)	Removal	Repair 🔲 🖂	Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Cont TO E	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of the calculus Material (ACM) as ABATED N Facility (13)	only one iod of Aba Facility H IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ours ovation objects of the control	n Descri	Asbesto (i.e., therm	Ty, State, Zip □ Full C □ Mini-l □ Glove □ Non-l Description os Containing nal systems in VAT, other miscel	Code Containr Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	An (Sr	Procedure nount pecify or LF)	Removal		Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Cont TO E	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of the calculus Material (ACM) as ABATED N Facility (13)	only one iod of Abarraciity Haring Rend Dem Used Mair Custo	ovation olition ocation (12) No	n Descri	Asbesto (i.e., therm	Ty, State, Zip □ Full C □ Mini-l □ Glove □ Non-l Description os Containing nal systems in VAT, other miscel	Code Containr Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	An (Sr	Procedure nount pecify or LF)	Removal 🛛 🖂	Repair 🔲 🖂	Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Cont TO E	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of the calculus Material (ACM) as ABATED N Facility (13)	only one iod of Abarraciality Harian Alexandracial Rend Dem Used Mair Custo	ovation olition ocation of the national Scientenation olition ocation olition ocation	n Descri	Asbesto (i.e., therm	□ Full C □ Mini-l □ Glove □ Non-l Description os Containing nal systems ir VAT, other miscel	Code Containr Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	Am (Sr SF	Procedure mount pecify or LF)	Removal	Repair 🔲 🖂	Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Cont TO E	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of the calculus Material (ACM) as ABATED N Facility (13)	only one iod of Abarraciity Haring Rend Dem Used Mair Custo	ovation olition ocation olition No	n Descri	Asbesto (i.e., therm	Pull C Mini-B Glove Non- Description Seal systems in VAT, other miscel	Code Containr Enclosue bag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	An (Sr	Procedure mount pecify or LF)	Removal 🛛 🖂	Repair 🔲 🖂	Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Cont TO E If	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of caining Material (ACM) BE ABATED N Facility (13)	only one iod of Abarraciality Harian Alexandracial Rend Dem Used Mair Custo	ovation olition No	n Descri	Asbesto (i.e., therm	□ Full C □ Mini-l □ Glove □ Non-l Description os Containing nal systems ir VAT, other miscel	Code Containr Enclosue bag Pr Exemp on of g Mater nsulatio or llaneou	recedure rocedure ted (*) and I	Am (Sr SF 24	Procedure mount pecify or LF)	Removal 🛛 🖂	Repair 🔲 🖂	Encapsulate	Enclosure
Occupancy Status D Facility Closed/V Abatement Performence of Abatement Scope of Work (Cheller ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 Asbestos-Contact TO E	During Abatement (Check acated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If Decation of an aning Material (ACM) BE ABATED N Facility (13) Doms	only one iod of Abarracia Hariana Hari	ovation olition No	ent Descri	Asbesto (i.e., therm	Description Containing that systems in VAT, other miscel Coubic Yards Waste	Code Containrenciosus Enclosus Ebag Presente Exemplor on of g Maternsulatio or Illaneous Debri	recorded recorded (*) and I recorded recorded recorded recorded (*) and I recorded r	Am (St SF 24	Procedure mount pecify or LF)	Removal 🛛 🖂	Repair 🔲 🖂	Encapsulate	Enclosure
Occupancy Status D Facility Closed/V Abatement Performence of Abatement Scope of Work (Cheller ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 Asbestos-Contact TO E	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of caining Material (ACM) BE ABATED N Facility (13)	only one iod of Abarracia Hariana Hari	ovation olition No	n Descri	Asbesto (i.e., therm	Full C Mini-b Glove Non-l Description S Containing Hal systems in VAT, other miscel Of Dust & Cubic Yards Waste 3 c.y. Disposal Da	Code Containn Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou Debri	recorded recorded (*) and I recorded re	Am (Sr SF 24	nount pecify or LF) 40 SF	Removal 🛛 🖂	Repair 🔲 🖂	Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performence of Abatement Scope of Work (Cheller Scope of Work (Cheller Scope of Work of Cheller Scope of Work of Cheller Scope of Work of Cheller Scope of Work (Cheller Scope of Work of Cheller Scope of Work (Cheller Scope of Work (Cheller Scope of Abatement Scope of Work of Cheller Scope of Cheller Sc	During Abatement (Check acated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If Decation of an aning Material (ACM) BE ABATED N Facility (13) Doms	only one iod of Abarracia Hariana Hari	ovation olition No	ent Descri	Asbesto (i.e., therm	Description Containing that systems in VAT, other miscel Coubic Yards Waste	Code Containn Enclose Ebag Pr Exemp on of g Mater nsulatio or llaneou Debri	recorded recorded (*) and I recorded re	Am (St SF 24	Procedure mount pecify or LF) 40 SF	Removal	Repair	Encapsulate	Enclosure
Oscupancy Status D Sacility Closed/V Abatement Performence of Abatement Scope of Work (Cheller Scope of Abatement Scope of Work (Cheller Scope of Abatement Scope of Work (Cheller Scope of Abatement Scope of Abatement Scope of Abatement Scope of Work (Cheller Scope of Abatement Scope of Work (Cheller Scope of Abatement	During Abatement (Check facated During Entire Performed Outside of Normal ent: 7AM-4PM/PN eck all that apply) If the pocation of training Material (ACM) BE ABATED N Facility (13) Doms Pered Waste Hauler Suntbach Construction	only one iod of Abarracia Hariana Hari	ovation olition No	ent Descri	Asbesto (i.e., therm	Description Containing all systems in VAT, other miscel Cubic Yards Waste 3 c.y. Disposal Da 4/30/12	Code Containnence	recorded recorded (*) and I recorded re	Am (Sr SF 24	Procedure mount pecify or LF) 40 SF	Removal	Repair	Encapsulate	Enclosure
Oscupancy Status D Facility Closed/V Abatement Performence of Abatement Scope of Work (Cheller Scope of Work (Cheller Scope of Work of Cheller Scope of Work of Cheller Scope of Work of Cheller Scope of Work (Cheller Scope of Work of Cheller Scope of Work (Cheller Scope of Work (Cheller Scope of Abatement Scope of Work of Cheller Scope of Cheller Sc	During Abatement (Check Yacated During Entire Performed Outside of Normal ent: 7AM-4PM/PMeck all that apply) If Decation of Paining Material (ACM) BE ABATED N Facility (13) Doms Pered Waste Hauler untbach Construction a	only one iod of Abstraction of Abstr	ovation olition maintain sole entenandial \$ (12) No	ent Descri	Asbesto (i.e., therm	Full C Mini-b Glove Non-l Description S Containing Hal systems in VAT, other miscel Of Dust & Cubic Yards Waste 3 c.y. Disposal Da	Code Containnence	recorded recorded (*) and I recorded re	Am (Sr SF 24	Procedure mount pecify or LF) 40 SF	Removal	Repair	Encapsulate	Enclosure

ASB-41 JUL 01

^{*} Do not use this form for asbestos licensure exempted activities.



ate of Notification (1) 03 /	01 / 12		Nan	ew List	on Dev	ner/Operator (2) relopmental C	enter						
gencies Notified	Type Notification			et Addre 04 Rou			MAI MAI	R 6 20	12	7	_		
EPA	Initial ☐ Amended		City	, State,	Zip Code		1			and the con-			
DEP DCA (NJAC 5:16)	Amendment #		N	lew Lis	bon, Ne	ew Jersey 080	64	, vê Colifici					1
DHSS	☐ Emergency (inclu	iding	Na	me of Co	ntact	la .		Telephon	e Number	-			
DCA (NJAC 5:23-8)	justification) Cancellation			/ijay Ga		ě		- 4		-			1
(NJAC 3.23-0)						RMATION				in the Market		_	+
		(0)	- 1	ACILII	1 1141 0		Type of Facil	ity (4)					1
ame of Facility Where	Abatement is Taking F	Place (3)	95-	- bonio	al Poor	n	School (K	(-12)	14 40)				1
New Lisbon Devel	lopment Ctr Quince	Cottag	e Me	cnamic	ai ittooi			er 8 (Other th ., private & co	an K-12) mmercial b	uildings	ί,		
Street Address							homes, e	etc.)	W11.5-10*-10*-10*-1				4
104 Route 72					31-41-2		Square Feet	# of Flo	oors	Bldg.			
City (5)							240	1		50+	9		4
New Lisbon					1. (7)/5	STATE USE ONLY)	Current Use	(Prior if being	demolishe	ed)			
County (6)			0	County C	ode (/)(3	TATE USE ONE!	Mechani						
Rurlington						Name of Abatem	The Contract of the Contract of the						
Name of Monitoring Fi	rm Hired by Building O	wner (8)	AS	SCM No.		Diamond Hu	nthach Cor	struction C	orporation	on			
Environmental C	onnection Inc.		1				IIILDAGII GG.				33		
	011110					Street Address	Strap	t					
Street Address 120 North Warre	n Street					500 East Lu							
The state of the s	II Succe					City, State, Zip C	Code						
City, State, Zip Code	00					Philadelphia	a, PA 19124	Licer	se No.				
Trenton, NJ 0860	Jo Lating Firm	- 11	Telep	hone No		Telephone No.		100	646				
Project Manager for N	Monitoring Film			427-0		215-739-816		00	040			_	
Christopher Mat	arazzo	duled Con				Name of OSHA							
Start Date (10)		04 / _	15	1	12_	SAME AS A	BOVE				_		_
03 / _15_						Street Address							
Occupancy Status D	uring Abatement (Chec	ck only on	o) naten	nent									-
☐ Facility Closed/Va	acated During Entire Po	al Eacility	Hours	s - Descr	ibe	City, State, Zip	Code						
☐ Abatement Performance Time of Abatement	med Outside of Norma ent: 7AM-4PM/F	PM	AM										_
Scope of Work (Che						☐ Full C	ontainment w	ith Negative F	ressure				
	on an area of the	⊠ Ren	ovati	on		Mini-E	Enclosure	_					
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf	u.e.	☐ Den	nolitic	on		Glove	ebag Procedur Exempted (*)	and Non-Friat	le Procedu	ire			
⊠ ≥160 sf or ≥260	IT .					☐ Non-i	_xempled ()			Aba	ateme	nt Ty	pe
			Loca			Description	on of			D	D	ш	П
Loc	cation of		lorma	ely by	۸cb	. G-staining	Material (ACI	VII	Amount	Remova	Repair	Encapsulate	Eliciosuia
Asbestos-Conta	ining Material (ACM)	Mai	ntena	ance/	(i.e., th	ermal systems in	isulation, surie	acing,	Specify F or LF)	ova	=	nsq	0
TO BI	E ABATED Facility	Cust		Staff?		VAT, other miscel	01			-		late	G
IIN	(13)		(12)	T		Office Hiscon	idilocae,						
		Yes	No	-		60.46	Dobrie		240 SF	\boxtimes			
Mechanical Roo	oms				Clean	up of Dust &	Deniis						1
Wechanical Roc										-	-	1	1
			-	-	-			CI-2				닏	1
													1
							6 11	of Registered	Landfill				
	nd Waste Hauler		1	NJDEP	Waste	Cubic Yards	Secretary and the second secon						
Name of Registere	thach Construction	n		Hauler		Waste 3 c.v.		erva					
Diamond Hur	ntbach Constructio			1968	3	Disposal Da	te City, S	State	011 44600				
City, State						4/30/12	Wa	ynesburg,	JH 44000				_
Philadelphia						Signatu	urez o	110	2	Date	1.	. /	, ,
Completed By (Pr	rint or Type)	Title	-	anager		171	and I	Man	71	03	10	1/0	-
Complete	mbo	Danie	- BA	ananer		1 1	1	A COUNTY IN	W 1		No.		

ASB-41 JUL 01

State of New Jersey OTIFICATION OF ASBESTOS ABATEM (Pursuant to NJAC 8:60 and 5:16)	IENT	ž - H+	L. Mark	Markit Gas	#	16	20	79	74
	024	102	m	122 n	11//	E	land J		7
Name of Building Owner/Operator (2)		Har I	159			<u> </u>			1

Date of Notification (1) 03 / 01 /	12		Na	me of B	suilding Ow sbon De	ner/Operator (2)	enter	ts a w ts				_
Agencies Notified Type Notific	cation	-	1000	reet Add			MAF	6 2012	L.J.			
☑ EPA	ed		Ci	ty, State	, Zip Code	,			i.			
□ DCA (NJAC 5:16)	nent#			New Li	isbon, Ne	ew Jersey 0800	•	The out of the			_	-
☐ DHSS ☐ Emerge ☐ DCA ☐ justifica		aing	Na	ame of 0	Contact			Telephone Number		1		
(NJAC 5:23-8)				Vijay G	Sandhi					· ·		\dashv
				70.00		RMATION	-			1 - 15E		4
	Toking D	lace (3)		TAGIL			Type of Facility (4)					
Name of Facility Where Abatement is New Lisbon Development Ctr	Locust	Cottag	ge M	echani	cal Roon	n	School (K-12) Subchapter 8 (Other than K-12) rate & commercial	building	s,		
Street Address							homes, etc.)					_
104 Route 72							Square Feet	# of Floors	Bldg.	V-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
City (5)							240	1	50-			-
New Lisbon				County	Code (7)(S	TATE USE ONLY)	Current Use (Prio	r if being demolish	ed)			
County (6)				Odding	00-0 (M		Mechanical					_
Burlington	111: 0.1	mar (9)	ΙΔ.	SCM No	<u> </u>	Name of Abateme	ent Contractor (9)					
Name of Monitoring Firm Hired by B	uilding Ow	mer (o)	1	SCIVI INC	.	Diamond Hui	ntbach Constru	ction Corporation	on			
Environmental Connection I	nc.					Street Address						
Street Address					1	500 East Luz	erne Street					
120 North Warren Street	1-					City, State, Zip C						
City, State, Zip Code					1	Philadelphia						
Trenton, NJ 08608							, 1 A 10.2.	License No.				
Project Manager for Monitoring Firm	1		NO. CO. CO. CO.	hone No		Telephone No. 215-739-8166	2	00646				
Christopher Matarazzo				6-427-0		Name of OSHA		100				
Start Date (10) 03 / 15 / 12	Schedu 04	led Cor	mpleti 15	on Date	12	SAME AS A						
Occupancy Status During Abateme	nt (Check	only on	ne)			Street Address						
☐ Facility Closed/Vacated During	Entire Peri	od of A	baten	nent						-		-
Abatement Performed Outside of Time of Abatement: 7AM-4PM/	of Normal I	Facility	Hours _AM	s - Desc	ribe	City, State, Zip C	Code					
Scope of Work (Check all that appl		⊠ Rer				Mini-Er Mini-Er	ntainment with Ne nclosure ag Procedure cempted (*) and No		, ire			
⊠ ≥160 sf or ≥260 lf						☐ Non-Ex	templed () and its		Aba	teme	nt Ty	уре
Location of Asbestos-Containing Material (TO BE ABATED IN Facility	ACM)	Use Mai	intena	lly ely by ince/ Staff?	Asber (i.e., the	Description stos Containing M rmal systems ins VAT, or other miscella	Material (ACM) ulation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A			73 SEC. 100				_	1-
				1000	Class	p of Dust & D	ebris	240 SF	\boxtimes			
Mechanical Rooms			Ø		Clean	ip or Dust & D	*****			П		
						12.102-1VC				Ш	닏	1
		1000	-		-							
						Louis Verda -4	Name of Rec	gistered Landfill				
Name of Registered Waste Haule Diamond Huntbach Const	ruction			NJDEP Hauler I 1968	D No.	Cubic Yards of Waste 3 c.y.	Minerva					
	7			,,,,,,		Disposal Date	City, State	OH 44600				
City, State						4/30/12	Waynest	ourg, OH 44688				
Philadelphia Completed By (Print or Type)	Tit		4 84-	nagar		Signature	1011		03/1	51 /	17	ح
Charles Imbimbo		Projec	L IVId	nayer			m) / 10					

# 2079	
	0
N LO	4

				to none	8:60 and 5:16)		PEIN		1	
te of Notification (1)	01 / 12		Name o	f Building C Lisbon D	Owner/Operator (2) evelopmental C	Center	W E I V			
	Type Notification		Street A	Address			MAR 6 2012	lend mass	/	
encies Notified	⊠ Initial		104	Route 72				_		
EPA DEP	☐ Amended	-	City, St	ate, Zip Co	de	1	ASESSIC CONTROL &	1	1	
DCA (NJAC 5:16)	Amendment #	uding	New	Lisbon, I	New Jersey 080	64	Telephone Numbe	r	1	
DHSS DCA	☐ Emergency (including justification)	duling	Name	of Contact			Telephone Numbe			
(NJAC 5:23-8)	Cancellation		Vija	/ Gandhi		***			and the second	3
	1		FAC	ILITY INF	ORMATION		(4)			
of Facility Where	Abatement is Taking I	Place (3)				Type of Facility				
ame of Facility Whole	ng (stands alone)	Chiller Pl	ant			School (K-1	- n (Other than K-1/1			
	ng (outries in)		-			Other (i.e.,	private & commercial	buildings	s,	
treet Address						homes, etc	# of Floors	Bldg.		
104 Route 72						Square Feet		50+		
City (5)						5,000	1			
New Lisbon			Cour	ity Code (7)	(STATE USE ONLY)	The second secon	Prior if being demolish	ica)		
County (6)						Mechanic			-	
Burlington	Lizad by Building C	wner (8)	ASCM	No.	Name of Abatem	ent Contractor	(9)			
Name of Monitoring Fil	rm Hired by Building O	willor (o)			Diamond Hu	ntbach Cons	truction Corporati	On		1000
Environmental C	onnection inc.				Street Address					
Street Address					500 East Luz	zerne Street				
120 North Warrer	n Street				City, State, Zip C					
City, State, Zip Code					Philadelphia					
Trenton, NJ 0860	18	1=	lbane	No	Telephone No.		License No.			
Project Manager for N			elephone 856-42		215-739-816	6	00646	V.		
Christopher Mat	arazzo				Name of OSHA					
Start Date (10)		duled Com	oletion L	12	SAME AS A					
03 / 15		04 / _			Street Address					
Occupancy Status Du	uring Abatement (Chec	k only one)		Street Address					
☐ Abstement Perform	cated During Entire Permed Outside of Normant: 7AM-4PM/P	eriod of Aba Il Facility H	ours - D	escribe	City, State, Zip	Code				
						t - i - mont with	Negative Pressure			
a - FIMark (Char	-k all that apply)									
Scope of Work (Chec	ck all that apply)		-1:		☑ Mini-E	nclosure	Negativo			
☐ >3 sf or >3 lf		⊠ Reno	vation		⊠ Mini-E	nclosure		ure		
		⊠ Reno	vation		⊠ Mini-E	nclosure	d Non-Friable Proced	ure Aba	ateme	nt Ty
☐ >3 sf or >3 lf		☐ Dem	olition ocation		⊠ Mini-E ☐ Glovel ☑ Non-E	nclosure bag Procedure exempted (*) an		Aba		ent Ty
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Loc Asbestos-Contai TO BE	ation of ning Material (ACM) EABATED Facility	Is L No Used Main Custo	olition	(ie th	⊠ Mini-E	nclosure bag Procedure exempted (*) an n of Material (ACM) sulation, surfaci	d Non-Friable Proced	Aba Removal	Repair	Ty Encapsulate
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Loc Asbestos-Contai TO BE	ation of ning Material (ACM)	Is L No Used Main Custo	ocation rmally Solely b tenance dial Staff (12)	? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Non-E☐ Description Destros Containing thermal systems instruction VAT, of their miscellar	nclosure bag Procedure exempted (*) and n of Material (ACM) sulation, surfaction aneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Local Asbestos-Containal TO BE IN	ation of ning Material (ACM) ABATED Facility (13)	Is L No Used Main Custo	ocation rmally Solely b tenance dial Staff (12)	? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Non-E☐ Description Destros Containing thermal systems instruction (VAT. o	nclosure bag Procedure exempted (*) and n of Material (ACM) sulation, surfaction aneous)	d Non-Friable Proced Amount (Specify	Removal	Repair	Encapsulate
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Loc Asbestos-Contai TO BE	ation of ning Material (ACM) ABATED Facility (13)	Is L No Used Main Custo Yes	ocation rmally Solely by tenance/dial Staff (12)	? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Non-E☐ Description Destros Containing thermal systems instruction VAT, of their miscellar	nclosure bag Procedure exempted (*) and n of Material (ACM) sulation, surfaction aneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Local Asbestos-Containananananananananananananananananana	ation of ning Material (ACM) ABATED Facility (13)	Is L No Used Main Custo Yes	ocation rmally Solely b tenance/dial Staff (12) No N	? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Non-E☐ Description Destros Containing thermal systems instruction VAT, of their miscellar	nclosure bag Procedure exempted (*) and n of Material (ACM) sulation, surfaction aneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Local Asbestos-Containananananananananananananananananana	ation of ning Material (ACM) ABATED Facility (13)	Is L No Used Main Custo Yes	ocation rmally Solely betenance/dial Staff(12) No N	(i.e., the last of	☐ Mini-E☐ Glovel☐ Non-E☐ Non-E☐ Description Destros Containing thermal systems instruction VAT, of their miscellar	nclosure bag Procedure exempted (*) and n of Material (ACM) sulation, surfaction aneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Local Asbestos-Containananananananananananananananananana	ation of ning Material (ACM) ABATED Facility (13)	Is L No Used Main Custo Yes	ocation rmally Solely betenancedial Staff (12) No N	? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Non-	nclosure bag Procedure exempted (*) an of Material (ACM) sulation, surfacion aneous) shing	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Loca Asbestos-Contai TO BE IN	ation of ning Material (ACM) EABATED Facility (13) Iding Roof	Is L No Used Main Custo Yes	ocation rmally Solely betenancedial Staff(12) No N I I I I I I I I I I I I I I I I I I	(i.e., the control of	☐ Mini-E☐ Glovel☐ Non-E☐ Description Destros Containing thermal systems instruction of their miscellar Membrane/Flas	nclosure bag Procedure exempted (*) an n of Material (ACM) sulation, surfacion aneous) shing	Amount (Specify SF or LF) 4 SF	Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Local Asbestos-Containal TO BE IN Chiller Plant Bui	ation of ning Material (ACM) : ABATED Facility (13) Iding Roof	Is L No Used Main Custo Yes	ocation rmally Solely betenancedial Staff (12) No N ? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Description Destros Containing thermal systems instruction of their miscellar Membrane/Flass	nclosure bag Procedure exempted (*) an of Material (ACM) sulation, surfacion aneous) shing Name of Miner	Amount (Specify SF or LF) 4 SF Registered Landfill	Removal	Repair	Encapsulate	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Loca Asbestos-Contai TO BE IN Chiller Plant Bui Name of Registere Diamond Hunt	ation of ning Material (ACM) EABATED Facility (13) Iding Roof	Is L No Used Main Custo Yes	ocation rmally Solely betenancedial Staff (12) No N (i.e., the control of	☐ Mini-E☐ Glovel☐ Non-E☐ Description Destros Containing thermal systems instruction of their miscellar Membrane/Flas	nclosure bag Procedure exempted (*) an n of Material (ACM) sulation, surfacion aneous) shing Name of Miner City, Sta	Amount (Specify SF or LF) 4 SF Registered Landfill va	Removal	Repair	Encapsulate	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Loca Asbestos-Contai TO BE IN Chiller Plant Bui Name of Registere Diamond Hunt City, State	ation of ning Material (ACM) : ABATED Facility (13) Iding Roof	Is L No Used Main Custo Yes	ocation rmally Solely betenancedial Staff (12) No N ? (i.e., th	Mini-E ☐ Glovel ☐ Non-E Description Destos Containing Destos Containing Destos Containing Destos Containing Destos Containing Description Descriptio	nclosure bag Procedure exempted (*) an n of Material (ACM) sulation, surfacion aneous) shing Name of Miner City, Sta	Amount (Specify SF or LF) 4 SF Registered Landfill	Removal	Repair	Encapsulate	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Loca Asbestos-Contai TO BE IN Chiller Plant Bui Name of Registere Diamond Hunt	ation of ning Material (ACM) ABATED Facility (13) Iding Roof d Waste Hauler tbach Construction	Is L No Used Main Custo Yes	ocation rmally Solely betenancedial Staff (12) No N ? (i.e., th	☐ Mini-E☐ Glovel☐ Non-E☐ Description Destros Containing thermal systems instruction of their miscellar Membrane/Flass Cubic Yards of Waste 3 c.y. Disposal Date	nclosure bag Procedure exempted (*) an n of Material (ACM) sulation, surfacion aneous) shing Name of Miner City, Sta Wayr	Amount (Specify SF or LF) 4 SF Registered Landfill va	Removal	Repair 🔲 🗎 🗎	Encapsulate	

1065

State of New Jersey

(Pursuan	nt to NJAC	8:60-7 and 12:120-7) Name of Building Ow				5	L W		
ation		Name of Building Ou	10 11				1 13		
ation		New Meadowlands R				V.V.(1990.0005)			
		Street Address 150 Route 120			MAR	6	2012		
l cation		City, State, Zip Code							
ncy Notificat	tion	East Rutherford NJ 0	7073	٤	ASBES	T(
fication		Name of Contact	Ĺ,	Tele	phone Num	ber	not be made		
ed ation		Walter Wallace, LP C	iminelli	-			f		
lation		L							
	ACILITY IN	FORMATION							
(3)			[] Si [X] O	chool (I ubchapter ther (i.e.	(-12) 8 (Other tha private & co homes, etc.)				
			Square Fe		of Floors	Bldg	, Age		
			300,000	2		35			
	300000000000000000000000000000000000000	ty Code (7) : Use Only)	Current U Meadowla		1000	demolis	hed)		
ASCM N	No.	Name of Abatement Con	ntractor (9)						
		LVI Demolition Service	es, Inc.						
		Street Address							
		32 Williams Parkway	1						
		City, State, Zip Code	•			***			
		East Hanover, NJ 07936							
elephone Nun	nber	Telephone Number		Licens	e Number				
09-409-0400		973-884-8682			008	60			
tion Date (1 / Year	1)	Name of OSHA Monito Zibby Dolanski	r						
		Street Address							
atement		32 Williams Parkway							
		City, State, Zip Code			·	-			
		East Hanover NJ 0793	6						
tion	[] M	Il Containment with Negati							
		ove Bag Procedure & "Wra Non-Friable Procedure	ip & Cut"						
Location ormally	330,000,000			-	Abatem	ent Type	E		
Used Solely y Main- enance/ ustodial taff (12) No N/A	(i.e., ther surfa	Description of bestos-Containing Material (ACM) mal systems, insulation, icing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	C L O S U R E		
X	Roof Flash		780 SF	X					
X			5 SF 16 Ea	X					
X			70 Ea X 600 SF X						
-	Cubic Yard				andfill		d		
9	OI waste		Waste Management of Pennsylvania						
		ate	City, State Morrisville,						
	Signature	1/1000	Date						
ident	01	WYY	March 1, 20	12					
55 e	X X X X DEP Waste	X Roof Vent X Fire Doors X Stable Doo X Window G DEP Waste Cubic Yard Of Waste 59 Disposal D 4/6/2012 e Eignature	X Roof Vent Mastic X Fire Doors X Stable Doors X Window Glazing DEP Waste Cubic Yards Of Waste Disposal Date 4/5/2012 e Eignature	X	X	X	X		

REMEMBER -	MAIL IN	I HAR	Ď Ć) PY	⊟ ⊌ MAF	- Separa			(200) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		·[호망	·
The same of	нот	IFICATI (Pursum	Statu (ON OF Int to fi	MOW JORGE ASPESTOS LIAC 8:50 an	y ABATEN d 12:129	isin	Di	DL - 1 R#	0 D	AY	1	+
to of Notification (1) 2/23/12		I M.	1.	NWM A Leging Owner	Operator (AAA	005	low		1	1	\dashv
EPA Initial Amanded Amanded Amandend S. Emergency (In	grabut	Crey, Nam	State,	A GOS	DAO	A	MAI	VER A	PPI	RO\	VE	<u> </u>
DCA D Canocistion		MR.	HOU	YINFORMA			Facility (4)		_			
ame of Focilty Where Abetoment is Taking I M.E. M.A.L.N.Y FEER 17400 B.CO.A.O.U.A.Y	-1800 (3) - N AN	De S	<u>.</u>			D Se	Roal (K-12 behaptét t her (Lo. pr		ASICIMI C	Bldg	n, ho	
NORTH BERGER)			1. 5%		3(a)	Uso (Prio	r if being den	nolishor	7/	_	
aunty (6) HUDSON		(37)		CONTACTOR		1 0	ESIDE munt Con	MCES /5	TOR	F		
sens of Monitoring Firm Miros by Building O	MATICA (8)	A	SCM P	na 0012	Bee	t Re	mova1	Inc				
DETAIL ASSOCIATES IN					Stree	A So	uth B	iver S	t			
300 GRAND AVE.					City,	State, ZI	Godo	2000		601		
ENGLEWED N. N. D. 7 Tollog Manager for Merukaring Plann	631	Tol	ophon	9 670 8	Teles	1-329	-7444	, N.J.	0038			
T, VALTUTINE	Schedulor	1 Combi	Statu n	eta (11)	Nam	O OS	AMonto	nment	a1 S	erv	ice) B
2 - 24 - 2012 Occupancy Status During Abatament (Creed		- 20	215		Street	M Address	The state of the s					
Facility Closed/Vacated During Entire F Abstract Performed Outside of North Officer - Describe:	Arriant of A	DO TO THOSE DO	d ·		City,	Chidno 71	в Спіля	nsack	, N . J	r. 0	760	06
Scope of Work (Check All That Apply) D a3 of or ≥3 if 2' a160 of or ≥260 if	0 R	emelitica	en N		1		Contains	ent with Nog	etve P	essue	odure	
Achostos-Contoining Material (ACM) TO BE ARATED in Facility (13)	Uce	Leasder learnally d Solely intended iodial 34 (12)	by n/		Doscripti Containing mai syste surfacing, her mises	g Mideris oms frond VAT of	eunn,	Amou (Spec SF or I	ty	Removal	Repair	Encupsaled 8
	You	No	NIA	-206	ia v	LA CO	PAL.	360	0 SF	X		
EXT. BLOCO. FLOOR	-		4.	KOOK							-	-
						-		-		+	-	
Name of Registered Wests Houser ATLANTIC WASTE SEE	VICES	1	IDEP V Bullor III 2 Z S	No. 92	Outsic Yarrows Votes	جور	・エ	ESI V	MAN	०क्ष		
City, State Rockford PARK. No Commissional BY J. MAIORANO	5 .4	2766	62		3-5-	2012	821	HLEHE	MI	YA loto	15	1
							-هر د					1.0

Date of Notification (1)			Name	of Buildin	g Owner/Operator	r (2)	\1			11.	- 11	-
3/2/12	2	• Convenience	MR.	MA	NNY FER	50 MAN DE	S MAR -	5 20	12			Paradi
Agency Notified	Type Notification		Oucet	LINE COO			C. WITH	U 2.6	1	2 200	E-Wall's	-
□ EPA	O Initial		74	00	BROAD	NAY				1		1
D DEP	2 Amended		City, S	tate, Zip	Code .		ASBESTOS	CC. 166	. 4		X100.340	
a por	Amendment # / □ Emergency (including					N. M.	1.0704					
EPDOH II DCA	justification) □ Cancellation		Name UD_	of Contac	ton Merh	(۱۹۹۸	Telephone Nun	nber	-41-1			
	- Controllation				ORMATION	01020.4				-		-
Name of Facility Where	Abatement is Taking Place (3)				Type of Facility	(4)					
HR WADILY	FERNAULES					☐ School (K-12	2)					
Street Address						☐ Subchapter 8	8 (Other than K-12					
7400 BRO,	AA 11144					Other (i.e. pr	ivate & commerci	al buildir	igs,			
City (5)	NO WK J					Square Feet	# of Floors	Bldg.	. Age	litera		-
NORTH BE	=0.c=N					3600	1	7				
County (6)	- 1 - B	-	County	Code (7	(STATE USE		rior if being demol				-	_
HUDSON			ONLY)		, ,		ces/ st		6 5			
	Hired by Building Owner	ASC	M No.		Name of Abater	ment Contractor (S						-
(8) DETAIL ASS		0	0012	2		moval In						
Street Address		10			Street Address	 				-	. 71	-
300 GRANI	೧ ೩೮ ಕ		*		450 Sou	th River	St					
City, State, Zip Code					City, State, Zip (Code				-		-
ENGLENO	0 . Ch , 40	263	3/		Hackens	ack, N.J	.07601					
Project Manager for Mon	itoring Firm	Teleph	one No.		Telephone No.	den, me	License No.				15 (17)	7
T. VALENTIA	J € -	201	5696	5708	201-329	-7444 .	00388					
Start Date (10)	Scheduled Compl	letion D	ate (11)		Name of OSHA	Monitor				100000		7
	12 3/9/2		Z			nvironme	ntal Serv	/ices	3			
Occupancy Status During	g Abatement (Check only on	e)			Street Address							
	ed During Entire Period of Ab		nt		280 Huy.							_
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Facility F	lours			City, State, Zip C		L N T	0760				
Scope of Work (Check a	If that anniv)		<u> </u>		South Ha	ackensac.	k . N.J.	0760	00	_		-
	a wat appy)			30.00 (10			Negative Pressur	re				
© ≥ 3 sf or ≥ 3 lf			E Den	ovation relition		-Enclosure rebag Procedure						
							d Non-Friable Prod	cedure				
		ls Loca			,				Ab	ater Typ	nent •	
Locatio	on of	Norma sed Soi			Description	of			П	7	Ť	-
Asbestos-Containin	g Material (ACM)	seu soi Nainten:			tos Containing M	aterial (ACM)	Amount		2		5 1	n
TO BE AS		Custo		(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		Remova	Repair		1
(13		(12			other miscellan	(150) (150) (100) (100)	•		100	=	Encapsulate	-
	Yes	s No	N/A							ľ	5	200
EXT. BLOG.	Floor	\top	12	Ros	FING MA	TEN'AL	3600 8	SF	X		1	
		+		,,,,,					\vdash	+	+	-
		+	+						\vdash	+	+	-
		+	+						H	+	+	-
Name of Registered Was	ste Hauler I	JDEP	Waste H	auter	Cubic Yards of	Name of Regis	stered Landfill					-
	100	225g			Waste							
City, State					BOYRS		ndilli				_	_
	ark, N.J.07662	2			Disposal Date	City, State	om DA 1	201 F				Section 1
Completed by	Title	<u>.</u>			Signature /	Dentien	em, PA 1	Date				-
J.Maiorano	Estimato	_				منهصاص	2	3/	21	12	2	
ASB-41			m for as	haetae lia	ensure exempted		\rightarrow $-$		-/		_	٤

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 318-12 Name of Building Owner/Operator (2) Date of Notification (1) NJ TRANSIT HEADQUARTERS March 2, 2012 Street Address Agencies Notified Notification Type MAR 6 2012 ONE PENN PLAZA ■Initial Notification **DEPA** City, State, Zip Code ■Amended Certification □ DCA NEWARK, NJ 07105 ⊠Emergency (including) elephone Number -X DOL Name of Contact justification attached) MR. RUSSEL SAMAROO DEP- No Longer REQUIRED □Cancelled X DOH FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) **NEWARK PENN STATION** ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1 RAILROAD PLAZA EAST Sq. Feet: N/A # of Floors: 2 Bldg. Age: 100+ years County Code (7) County (6) City (5) Current Use (prior if being demolished): RAILROAD STATION (State Use Only) **ESSEX** NEWARK Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00003 TTI GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 MOORESTOWN, NJ License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 856-840-8800 JIM GUILARDI 00840 973-492-0477 Fax 856-840-8815 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 03/03/12 03/02/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ☑Other - Describe: Work area vacated and isolated from remainder of building throughout abatement. 7:00 PM -FAIRLAWN, NJ 5:00 AM Source of Work (Check all that apply) X Full Containment with Negative Pressure ☐Mini-Enclosure X Renovation $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Glovebag Procedure ☐ Demolition ≥ 160 sf or ≥ 260 lf ■ Non-Exempted (*) and Non-Friable Procedure Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) NO NA YES PIPE INSULATION DRAIN RISER <8 LF X BASEMENT & 1ST X FLOOR - JANITORIAL CLOSET Name of Registered Landfill Cubic Yards of Waste: NJDEP Waste Hauler ID# Name of Reg. Waste Hauler IESI - Bethlehem, PA 5 CY See Below See Hauler Below #1 & 2 G.R.O.W.S. Landfill Morrisville, PA Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Notes: 100 New Ford Mill Rd. 03/03/12 NJDEP # 12561 Morrisville, Pa 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 215-736-1700 NJ DEP # 4509 Date Signature Completed by (Print or Type) 10.1 March 2, 2012 RAYMOND C. PEDALINO SENIOR PROJECT MANAGER

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) March 2,	2012				Name of Build	ing Owner/Ope	erator (2)	RES A	tent d	APPRO	NED	- Carr
Agencies Notified DEPA		Notification Initial	Notific	ation	Street Addres	£			Tail	(signati	MAN	237
□ DCA				rtification (including	City, State, Zin NEWARK,		Notices, and	Date	30			冰
M DOL				attached)	Name of Cont		1 7 1	Tele	phone	1 1/4		. 11
図 DEP- No Longer REQUIRE	D	☐ Cance			MR. RUSS	EL SAMAR	00			1216		A STATE OF THE PARTY OF THE PAR
Name of Facility Where Abatemer	1 i= V-1	ina Otana (S)		FACILITY	NFORMATION			MV	R	£ 201)	Lad I
NEWARK PENN STATIC	N HIS TAK	mg Place (3)			Type of Facility School (K-1)						5	one fair
Streel Address			-			(other than K-1		ASS:	MOS C	i Hai	ن	
1 RAILROAD PLAZA EA	ST				Sq. Feet: NV	rivate & comme	rdal bulk	sings, h	omes,	etc.) : 100+	Yearn mo.	Anne de l'Anne
NEWARK	E5:	SEX		ty Code (7) 9 Use Only)	Current Use (p					and the second	- 6- No -	
Name of Monitoring Firm Hired by	Bidg, O	wner (8)	ASCR	4 No.	Name of Contra	etar (9)						
m			000	103	GREENWOO		IENT C	ONSI	II TA	MI STM	_	
Street Address			1		Street Address	JE ALATEI	ICIVI C	01100	9LIX	14) 2, 114	<u>. </u>	-
	253 NORTH CHURCH STREET V. Starte, Zip Code				268 MAIN S	TREET						
MOORESTOWN, NJ 00		. V = W		City State, ZloC BUTLER, N.								
Project Manager for Monitoring Fire	Telephone N			Telephone Num			Licer	nse Nut	nber			
AIM OUILAKDI	M GUILARDI 856-846 Fax 856				973-492-047	008	40					
Scheduled Start Date (10) 03/02/12		Scheduled (complete	ion Date (11)	Name of OSHA	Monitor			XI			
	- 1	03/03/12			ENVIROVISION, INC.							
Occupancy Status During Abater Facility Closed/Vacated During	nent (C a Entire	heck only of	ne) Natema	an?	Street Addings							
Abatement Performed Outside	of Nor	mal Facility	Hours -	Describe	20-21 WAR		AD					i
Mother - Describe: Work an	BA VA	ated and	isola	ited from	City, State, Zip C	ode						
remainder of building the 5:00 AM	ongn	our adau	ment	. 7:00 PM –	FAIRLAWN,	ИJ					***	
Source of Work (Check all that appl	A)		SATERNARCE:		1		*					
Ph 2-4 24				PM -		E Full (Containn	nent wi	th Neg	alive Pres	soure:	
$ \Delta \ge 3 \text{ sof or } \ge 3 \text{ if}$ $ \Box \ge 160 \text{ sof or } \ge 260 \text{ if}$				Renovation Demosition		☐Mini-E						
				2 20.10000						-Friable P	toredu	ra
Location of Asbesios-Comaining Material (ACM) in Facility (13)	Is Loca	bon Normali by Maint/Cu	y Used		bestos Containing I mai systems insulati	Material	Amour	rt		ment Typ		
, , , , , , , , , , , , , , , , , , , ,	Staff?	(12)	NA	VAT, or other mi	coell)	on, sunscing,	(Special or LF)	•	Remo	ve Repair	Encap E	Enclose
RASEMENT & 1ST	M	T		PIPE INSUL	ATION DRAIN	RISER	<8 LF	:	IRI	1		Γ
FLOOR - JANITORIAL CLOSET												
Name of Reg. Waste Hauter	T	UDEP Wast	e Haulei	r ID #	Cubic Yards of \	Master	L	Name	of Ben	islered La	1	
See Hauler Below #I & 2	5	ice Below			5 CY	3		G.R.	- Bet	hlehem, Landfi	PA	
Notes: Hauler #1) Greenwood a NJDEP # 12561 dauler #2) Newark Carling, Ioc., N NJDEP # 4509			nts, Inc	. – Butler, NJ 0740	5	10 0000000	03/12			City, Stat 100 New Montsvill 215-736-	Ford Mi e, Pa 19	8) Rd.
CAYMOND C. PEDALINO	Tille	NIOR PR	OJEC	T	Sonature	10,	0	Dale	h 2	2012		

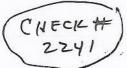
State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Client Project #								S. C.	居 1	11/7	P
Date of Notification (1)					Name of Buildi	na Owner/Oper		-1 (-1)	1 1	17 1	5 15
March 2	. 2012					THE STAT		SITY OF	: NJ		-11
Agencies Notified EPA	,	Notification Initial Amend	Notifica		Street Address ENVIRONM 27 ROAD 1.	ENTAL HE	ALTH & SA	FETP C	EPT.2		
DCA DOL				including	City, State, Zip	Code		Asial Tris			
DEP- No Longer REQUIRE	ED.		cation)		PISCATAW Name of Conta			phone Nu		4 &	
☑ DOH		□ Cance	elled		MICHAEL S HEALTH &	MITH, ENV.		priorie ivi	<u>imber</u>	Design p	To be a second
				FACILITY II	NFORMATION	OAILII			-		140
Name of Facility Where Abateme	ent is Tak	ing Place (3)			Type of Facility	(4)					
RU GYM, BLDG# 7233					School (K-12	2)					
Street Address			-		☐ Subchapter						
NEWARK CAMPUS					Sq. Feet: N/A					ears	
	SSEX			y Code (7) Use Only)	Current Use (pr	rior if being den	nolished): AC	ADEMIC			
Name of Monitoring Firm Hired b	y Bldg. C	Owner (8)	ASCM	l No.	Name of Contract	ctor (9)					
ATC ASSOCIATES			009		GREENWOO	INON WINDSON OF BUILDING	ENT CONS	ULTANI	rs, inc) .	
Street Address					Street Address	million and the second					
3 TERRI LANE					268 MAIN S	FREET					
City, State, Zip Code BURLINGTON, NJ 0	8016				City State, ZipCo						
Project Manager for Monitoring F	irm	Telephone			Telephone Num	ber	Lice	nse Numb	er		
BRIAN KEARNY		609-386			973-492-047		000	40			
Scheduled Start Date (10) 03/12/12		03/16/12		on Date (11)	Name of OSHA ENVIROVISI						
Occupancy Status During Aba					Street Address						
Facility Closed/Vacated Dur Abatement Performed Outsi				nt	20-21 WARG		AD.				
Describe Describe: 3PM FR	I TO BAC	ON 5 AM			Sity, Otato, Zip C	2000					
MOther - Describe. 3FW FR	1101910	ON 3 AN			FAIRLAWN,	NJ					
Scope of Work (Check all that an	(vlac			4	1				Cleon Here .		
□≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 20	60 If			☑ Renovation ☐ Demolition		☐ Min	Containment w ii-Enclosure rebag Procedu	re			
	1			1			n-Exempted (*				dure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solel	cation Norma ly by Maint./C ? (12)			sbestos Containing rmal systems insulati iiscell.)		Amount (Specify SF or LF)		Repair	_	Enclose
	YES		NA								
Room 102 SUITE		X		VAT			700 SF	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa		r ID#	Cubic Yards of	Waste: 15 0		e of Regis			ill
Hauler #1) Greenwood Abatem NJDEP # 12561 Hauler #2) Newark Carting, Inc NJ DEP # 4509				NJ 07405			005al Date 16/2012		City, Stat 100 New Rd. Mort 19067 215-736-	Ford I	
Completed by (Print or Type) RAYMOND C. PEDALIN	10 3	ENIOR P		СТ	Signature	101	Date		ch 2,	2012	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 3394

Date of Notification (1)			Na	me of E	Building	Owner/Operator	(2) 0	James A. 15	10 10		-	100
3/2/	2012					Belloe N	PARQUIN	J 69 HUIT	Hosa.	1	4	7
Agency Notified	Type Notification			reet Ad	-	2-10	きかいか	117				
EPA	@ Initial		_	722				7 - (1				
DEP DOL	☐ Amended Amendment#		Ci	ty, State	e, Zip C	ode .	2 N J	2204MAI	7 6	20	2	-
	☐ Emergency (including	1	1	NOW	Contact	CEL COET	1 143	Telephone Nur	nber			1
Z DOH	justification) Cancellation		Na	MK.	2.	BASEL	cē !				6	
			F			RMATION	-		LICENSING	i _	lerk	
Jame of Facility Where	Abatement is Taking Place	e (3)					Type of Facility	(4)	da .	5-2-2	- Acc	Total Contract
N.B.P.		727	COC. 18				School (K-12) i (Other than K-1	2)			
Street Address	SITH ST			7			Other (i.e. pri	ivate & commerci	2) ial building	s,		
	21, 2,					-	homes, etc.) Square Feet	# of Floors	Bldg. /	\ge		-
City (5)	BENCOEN					- 8	2800	2	1	93	35	•
	BEILLOE N		10	outsty C	nde (7)	(STATE USE		ior if being demo		•	-	
County (6)	, N			NLY)			Res	ग्रंथ प्रकार	•			
Name of Monitoring Fin	m Hired by Building Owner	AS	CM N				nent Contractor (9					
(8) DETAIL	ASSOCIATES	6	90	012	-	Best Re	moval In	С				_
Street Address						Street Address		0.5	**			
	SUA QUAS	010000000000000000000000000000000000000					th River	St				
City, State, Zip Code	.1					City, State, Zip		07/01				
ENGLEW	000. N.J.	016	<u>5 c</u>	1		Hackens Telephone No.	ack, N.J	License No.		_		-
Project Manager for Mo	onitoring Firm		phone		200	201-329		00388				
STEPHEN JAR		(0)	56	96	(00	Name of OSHA		1 00300			1000	
Start Date (10) 3/12/	Scheduled Co	13/		(11)			nvironme	ntal Ser	vices	1		
3/12/	ing Abatement (Check only		, 0			Street Address						
	•		u de la companion de la compan			280 Huy	ler St			Herri S		
☐ Facility Closed/Vaca ☐ Abatement Performs ☐ Other – Describe:	ited During Entire Period o ed Outside of Normal Facil	r Abater ity Hour	nent s	*_		City, State, Zip	Code [ackensac	k . N.J.	0760			
Scope of Work (Check	all that apply)			⊒ Reno	vation	Q Full	Containment with					
D≥3 sf or ≥ 3 lf E/≥ 160 sf or ≥ 260 lf		188		2 Demo		D Glo	vehag Procedure	d Máis Esiable De	nandiira			
-						Not	n-Exempted (*) an	d Non-Priable Fi	OCOUNT	A	ater	mer
			ocatio	1		1970				<u> </u>	Тур	e
	ntion of	Used		y by		Description stos Containing A	n of	Amoun	t			m
	ning Material (ACM) ABATED		itenan istodi:		ASDE (i.e	thermal system	rs insulation,	(Specif		Removal	20	Encapsulate
	acility	15	Staff?	0.01		surfacing, VA		SF or Li	-)	BYOL	Repair	sule
,	(13)		(12)				,			-		6
, ,	6 2	Yes	No	N/A						86	+	
075105 V	100F			×	1	60FING	MATERIK	220	OSF	×	-	_
·,											+	-
										-	+	_
	*					Cubic Yards of	Mama of Dag	istered Landfill				_
Name of Registered V		ID		Vaste H	auter	Waste						
Atlantic W	aste Service	s 22	59	2		200	/	andfill_				_
City, State						Disposal Date			10015	6		
Rochelle	Park, N.J.07	662		3230		3/13/17	Behtle	hem, PA	18015 Date			
Completed by	Title			ories convestion		Signature	سي	9	3/	-1	17	
		tor				1 1 11	m - I we		1.7/	41	16	



Date of Notification (1)	12/12		Nar	ne of Buildin	LANDS	(2) ONSTRUCT	ion				-
Agencies Notified	Type Notification		Stre	eet Address		7	MAR 6 2012	2			٦
☑ EPA ☑ DEP	Initial Amended			300 State, Zip	0 1		***			1	4
D DOL	Amendment #_	al reliano	City	SFA	EYLF CI	TY, N.J.	08243	Ş		1	_
DOH	Emergency (in justification)	cluding		ne of Conta	ct	,	Telephone Numbe	r	122761	1	7
□ DCA	Cancellation				- EDUDIL).L.	E-106			7_	=
				ACILITY IN	FORMATION	Type of Facility	(4)		+10 p	eri, jaco	-
Name of Facility Where	Abatement is Taking	Place (3)				School (K-12	2) 8 (Other than K-12)				
Street Address 27	40TH 3	371				homes, etc.) Square Feet	rivate & commercial # of Floors		ngs,		\dashv
City (5)	= o Isc= l	217	/								
County (6) CAPE			TC	ounty Code SE ONLY)	(7) (STATE	VA	ior if being demolish	ned)			_
Name of Monitoring Fire		wner	ASC	M No.		ment Contractor (9					
	J/A					FMCO IN	JE,				=
Street Address	``	VCSV5-574-			Street Address	is, spruc	E DUE.				_
					1 7 7	0-4-		۸۵.			
City, State, Zip Code					Mxo	PLE SHO-	License No.	00 6	3. 2		닉
Project Manager for Mo	onitoring Firm	Τ.,	elephor	ne No.			004 S	14			_
Start Date (10) /12		luled Com			Name of OSHA	Monitor SEPH KL	EMM				_
Occupancy Status Dur	the commence of the commence o		_		Street Address	CCOO	we duc.			•	
M Facility Closed/Vac	ated During Entire Pe	riod of Ab	atemen	t							=
Abatement Perform	ed Outside of Normal	Facility F	lours		City, State, 21p	APLE S	LDDE, N.	J. (080	25	2
Other - Describe: Scope of Work (Check	all that apply)				1	ontainment with Ne					
		Reno	vation		☐ Mini-E	nclosure					
≥3 st or ≥3 lf ≥160 st or ≥260 lf		Demo			Glovel	bag Procedure xempted (*) and N	on-Friable Procedu	re			-
		Is Loc						1 ^	bater Typ		
	- of	Nom Used S			Description	of	Amount			·m	
Location Asbestos-Containing	Material (ACM)	Mainte		Ache	stos Containing M e., thermal systems	s insulation,	(Specify	Re	R	nca	Enc
TO BE AB. IN Faci	ATED lity	Sta	iff?	,,,,	surfacing, VA other miscellan	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(1		_	Office Haddenin			1 =		ale	е
		Yes		/A			20000	X		_	
SID	ina			(]	PANSITE		20004	+	-	-	_
		-	-					1			
	leate Hauler		T NUDE	P Waste	Cubic Yards	Name of Re	gistered Landfill	1		×650	
Name of Registered W	~		Hauk	904	of Waste	C.V	1, C, M.U. A	1.			_
K LGMCO					Disposal Date	City, State	22 0 115 1	1. T			
City, State	E SHAD	61	N,) 			O 7 BINE Date	717	-	=	
Completed By	Titk	/	10		Signature	van Kelen	m 3/	2	1	Z_	
JOSEPH	KLEMY -	V	/_		-1-0-						

Noneck

Date of Notification (1)	22 / 15	,			of Building	Owner/Operator (2			国们	$\ \cdot\ $	i	
/	23 / 12			1000	nsinp or	Waltell		1000		11	-	_
Agencies Notified	Type Notification			Street /	Address	100 m	III MAR	6 2012				
	☐ Initial			100	lountain		TO THE MAIN	0 2012	housed	1	-	
☐ DEP ☑ D 6Å - (NJAC 5:16)	Amended Amendment #	£1			ate, Zip C				1			
☑ DHSS	☐ Emergency (in			War	ren, NJ 0	7059	ASBES	TOS CONTROL &		1		
☐ DCA	justification)	. M. C		Name	of Contact		L	Telephone Nu	mber	1	1	
(NJAC 5:23-8)	☐ Cancellation			Lois	J. Harol	d				-	1	_
				FAC	ILITY IN	FORMATION				2	, ac	
Name of Facility Where A	Abatement is Takin	ng Place (3)				Type of Facility (4	1)				
Township Owned E							☐ School (K-12)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-	12) rcial buildi	nas		
197 Mountain Ave.							homes, etc.)	vale & comme	ciai ballai	iigo,		
City (5)					7		Square Feet	# of Floors	Bld	g. Ag	е	
Warren, NJ 07059							10,000	1	1	922		
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demo	olished)			
Somerset				Selection with care	*		Vacant					
Name of Monitoring Firm	Hired by Building	Owner (8) [ASCM I	No.	Name of Abateme	ent Contractor (9)			W Chi		
EnviroVision Cons		· · · · · · · · · · · · · · · · · · ·		0007		SMAC Corp.						
Street Address						Street Address						
20-21 Wagaraw Ro	ad - Bldg 34A					27 EAST 33 ^{RI}	STREET					
City, State, Zip Code	ad blug. OTA			-		City, State, Zip Co						
Fair Lawn, NJ 0741	0					PATERSON I						
Project Manager for Mon			Tele	phone f	Vo.	Telephone No.	100	License No.			-	
Guillermo M. Moral				3-636-		973-345-4055	5	01110				
Start Date (10)		eduled Co				Name of OSHA N					- 77.5	
03 / _05 /	N. CONTONNA	03 /				EMSL ANAL						
Occupancy Status Durin	g Abatement (Che	ck only o	ne)			Street Address						
□ Facility Closed/Vacat				ment		1056 SHELT	ON AVE					
☐ Abatement Performed	d Outside of Norma	al Facility	Hour	s - Des	cribe	City, State, Zip C						
Time of Abatement:	AM	PIVI/	_F IVI-		Aivi	PISCATAWA	Y NJ 08854					
Scope of Work (Check a	II that apply)	HALAITA I	57.4			M Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		☐ Rer	novati	on		☐ Mini-End	closure	Jan 10 10 10 10 10 10 10 10 10 10 10 10 10				
≥160 sf or ≥260 lf		⊠ Der				Gloveba	g Procedure empted (*) and No	a Criabla Brook	dura			
		1		• × × × × ×		⊠ Non-Exe	empted (*) and No	n-Friable Froce		atem	ant Ty	/De
		775	Locat lorma			D			70	1	SIR I	
Location Asbestos-Containing		Use	d Sole	ely by	Asbe	Description stos Containing Ma	aterial (ACM)	Amount	Rer	Repair	Enc	Enclosure
TO BE AB		100000000000000000000000000000000000000	ntena	ince/ Staff?	(i.e., the	rmal systems insul	ation, surfacing,	(Specify	Remova	air	aps	losı
IN Faci	lity	Cusi	(12)			VAT, or other miscellane	eous)	SF or LF)	<u>n</u>		Encapsulate	흅
(13)		Yes	No	N/A	1	Other miscelland	eous)		-		б	
Old Barn Ceiling					Transit	e Panel - Non F	riable	4,725 SF				
South West Flat Roo	of.				Roofing	g Shingles - No	n Friable	75 SF				
Boiler	,					Dismantling - Fr		70 SF	\boxtimes		\boxtimes	
Boller	-				500.					П		
			Ц,		Mosts	Cubic Yards of	Name of Regis	stered Landfill				
Name of Registered Wa	ste Hauler			JDEP I	D No.	Waste	Grows Lar					
				18590	,	40 Yards Disposal Date	City, State				- 1000	250
City, State 27 E 33rd Street, P	aterson. NJ - 0	7514				03/16/2012	Morrisville	, PA				
Completed By (Print or		itle			-	Signature			Date /	_/	_	
Borce Gjorsoski	1, 300)	Preside	nt			Box	u Goran	0	3/0.	2/,	12	

ate of Notification (1)	23 / 12				uilding Ov hip of Wa	vner/Operator (2) arren			MAR	6 2	012		1	
gencies Notified	Type Notification ⊠ Initial		0.000	eet Add	iress intain Bl	vd.			A\$8E8108	CONTR	OL &			
S EPA DEP DOA (NJAC 5:16)	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Cancellation -8) Cancellation Cancellation Cancellation -8) Cancellation Cancellation Cancellation -8) Cancellation Cancellation Cancellation -8 Cancellation Cancellation Cancellation Cancellation -8 Cancellation		10.0000000	• 121700000000000000000000000000000000000	, Zip Code 1, NJ 070				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					'
DHSS DCA	justification)	aing	Na	me of C	Contact			ξ(4 Τε	elephone Ni	umber				
(NJAC 5:23-8)	Cancellation		1	_ois J.	Harold			10		200				-
				FACIL	ITY INFO	RMATION								_
Name of Facility Where	Abatement is Taking F	Place (3)					Туре	of Facility (4)						1
Township Owned							T o	School (K-12) Subchapter 8 (C	ther than K	(-12)				
Street Address							⊠ c	Other (i.e., priva	ite & comme	ercial b	uilding	s,		
197 Mountain Ave.							r	nomes, etc.)			Bldg.			\dashv
City (5)					- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		15	4101001	# of Floors		192			
Warren, NJ 07059								rent Use (Prior		noliche				\dashv
County (6) Somerset	1			County		TATE USE ONLY)	V	acant	ii being den	Hollorio	۵ <i>)</i>			
	n Hired by Building Ov	vner (8)	AS	CM No). N	Name of Abatem	ent C	ontractor (9)						
Quest Environme	ntal/EnviroVision					SMAC Corp.								-
Street Address	Notified Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Cancel				3	Street Address	n							
1741 State Route	State Route 31 State, Zip Code nton, NJ 08809 ot Manager for Monitoring Firm rin P. Vogel					27 EAST 33 ^R		REET					-,100	-
City, State, Zip Code		-			(City, State, Zip C		***********						
Clinton, NJ 08809					± 1	PATERSON	NJ 0	7514	License N					-
Project Manager for Mo	onitoring Firm		Teleph	none No	o	Telephone No.			01110	0.				
Darin P. Vogel				-730-7		973-345-405			01110					
Start Date (10) 03 / 05	0.0000000000000000000000000000000000000	uled Cor				Name of OSHA EMSL ANAL								
Occupancy Status Dur	ing Abatement (Check	only on	e) batem	ent		Street Address 1056 SHELT	TON	AVE						
☐ Abatement Perform	ed Outside of Normal	Facility	Hours	- Desc	ribe .M	City, State, Zip C								
Scope of Work (Check □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	all that apply)	☐ Ren	novatio	on n	<u> </u>	☐ Mini-E	nclos	ment with Neg ure rocedure ted (*) and Nor			e			
		1 1-	Locati	- 1		M NOITE	ACITIP	ica (/ ana iva			Aba	teme	nt Ty	уре
Asbestos-Contain TO BE / IN F	ng Material (ACM) ABATED acility	Used Mai	Locati ormal d Sole ntenar odial 9 (12)	ly ly by nce/	Asbes	Description stos Containing I rmal systems ins VAT, or other miscella	Mater ulatio	on, surfacing,	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
(-/	Yes	No	N/A								_	_	-
Old Barn Ceiling				\boxtimes	Transit	e Panel - Non	Frial	ble	4,725	SF	\boxtimes			
South West Flat F	loof				Roofing	g Shingles - N	on F	riable	75 S	F				
Boiler					Boiler I	Dismantling -	Friat	ole	70 S	F	\boxtimes			-
				\Box						0.				
Name of Registered SMAC Corp	Waste Hauler	1-	I	IJDEP I	D No.	Cubic Yards of Waste 40 Yards		Name of Regi		lfill				
City, State 27 E 33rd Stree	t, Paterson, NJ - 07	7514				Disposal Date 03/16/2012	1	City, State Morrisville	e, PA					
	or Type) Ti	tle				Signature	Э	Garson	1	D	ate 2/	, 231	1,2	_

APPROVED. VAUL HORNER, NI DOH

			NOI				BESTOS ABAC 8:60 and 5		MENI	00#	12	37	Principal Company	tilly takes	
Date of Notification (1)				`				110	JE P	Glo H	XOLC	Destroy	7_	,	
3 /	2 /	12				e of Bullain ler Unive	g Owner/Operato	or (2)		5 II W	IS ,	m			
Agencies Notified	-										- 1	11			
☐ EPA	Type Notifi ☐ Initial	ication			120-120-120-120-1	Address	nandla Dd	11	Uj MAR	6 2012		$\Box J$			
☑ DOLWD	☐ Amend	ed					nceville Rd.	1			(la	round.	-		
☑ DHSS	Amenda	ment #_			2000	State, Zip		i	ACRECT	DS CONTROL &			-		
DCA	⊠ Emerge		luding			vrencevi of Contac				111111111111111111111111111111111111111			-		
(NJAC 5:23-8)	justifica					Ilip Voor				Telephone	Numbe	er	10.00		
	- Cancell	lation				•	7-9-9	DOMESTIC:		1			- ;		
Name of Equility Where	Abatament is	Takina	Diazz	(2)	FA	CILITY IN	FORMATION						2.300		
Name of Facility Where		-		(3)					pe of Facility						
Westminster Choir Street Address	College-B	ristoi F	1811						School (K-12 Subchapter	8 (Other than	K-12)				
101 Wanlut Lane									Other (i.e., p	rivate and cor		ial bu	uilding	gs,	
				.coh				-	homes, etc.	10.		15			
City (5) Princeton								100	quare Feet	# of Floors	5		dg. A	ge	
					10	t : 0 - 1 - 6	NOTATE HOE OUR	STATE OF THE PARTY OF	25,000	2			40+		
County (6)					Cour	ity Code (7)(STATE USE ONL)	Y) C	urrent Use (Pr	rior if being de	molish	ed)			
MERCER	I line of her Dec	ildi O		0)	10014		т								
Name of Monitoring Firm Pennoni Associate	Delta est destruction de document de management	illaing O	wner (8)	ASCM	No.	Name of Abate								
	s inc.			-					RONMENTA	L, INC.					
Street Address	4D						Street Address		TOPET						
515 Grove St, Suite	; ID			-			1123 BEAV								
City, State, Zip Code	1 00025						City, State, Zip								
Haddon Heights, N	A STATE OF THE PARTY OF THE PAR			T			BRISTOL, I		9007						
Project Manager for Mor	itoring Firm				ephone		Telephone No.			License N	0.				
Craig Wilson		Cabadi	J = 1 C		09-841		215-788-60	9.2%		00509					
Start Date (10) 3 / 5 /	12				etion Da		Name of OSHA								
					/_	12_	BRISTOL E		KONWENTA	L, INC.					
Occupancy Status Durin							Street Address								
☐ Facility Closed/Vacat ☐ Abatement Performed						oribo	1123 BEAV	G = 13 (8) (8)						-170-270	1
Time of Abatement:			-acility Pl		AM	cribe	City, State, Zip								
and the second of the second o		105000					BRISTOL, F	PA 19	9007						
Scope of Work (Check a	II that apply)		⊠ Re □ De	nova moliti			Mini-E Glovet	nclos	ure rocedure	gative Pressur					
				Loca				72.00				Ab	atem	ent T	ype
Location				lorma	ally ely by		Description							1	-
Asbestos-Containing TO BE ABA		(IVI)			ance/		stos Containing No., thermal system			Amount (Specify		Removal	Repair	nca	Enclosure
IN Facil			Cust		Staff?	(surfacing, VA	AT, or		SF or LF		val	=	Encapsulate	Sure
(13)		-	Vac	(12)		+	other miscellar	neous	5)					ate	
			Yes	No									_		_
Bristol Hall-Facilities	Office					Pipe In:	sulation			6 LF					
														П	
					_									=	는
													Ш	Ш	
Name of Registered Was BRISTOL ENVIRON		INC.			NJDEP \	No.	Cubic Yards of Waste	1		stered Landfill NORTH LA	NDF	ILL			
City, State					18706)	Disposal Date		City, State				-	_	
BRISTOL, PA 1900	7						J.Sp. Sour Bate		- Tales and the second and the second	LLE, PA 190	067				
Completed By (Print or T	*	Title	-				Signature			,	Date				
Brian Scafiro	160)	400000	timat	or			Bria		1 0.	1.0	Date				

of a lo

Date of Notification (1) 3/2/2012			1	Name of INTER	Building NATIOI	Owner/Op	erator (VE	GE	ORG	A P	ACIF	IC
Agencies Notified X EPA	Type Notification			Street Ad 6400 F	ddress POPLAF	R AVE.			0010	297	FUR	GS	т.	
× EPA × DEP × DOL	Initial Amended Amendment				te, Zip Co HIS, TN	ode N 38197		MAR 6	2012	NEW	ARK,	NJ 0	710	5
DOH DCA	justification Cancellation				Contact Schume	erllP, F	Paul M	ontney/GP		phone Nu	mber			
	10					ORMATIO			Landigue		10	OTTO ATT		
Name of Facility Where CURTIS SPECIAL		g Place (3)			1-9-31		Type of Facili	K-12)	, se et a				
Street Address 404 FRENCHTOW	/N RD.							Other (i. etc.)	e. private 8	er than K-1 & commerc	ial build			es,
City (5) MILFORD								Square Feet 500,000	# of 2	Floors	0.00	ldg. A 00 y	_{ge} ears	
County (6) HUNTERDON				County C	Code (7) JSE ONLY)		Current Use (Paper Mar			hed)			
Name of Monitoring Fire ARCADIS, US	m Hired by Building	Owner (8)		0001				of Abatement AL ENVIRO			8			
Street Address 35 COLUMBIA RD								Address EXINGTO	N AVENU	JE				
City, State, Zip Code BRANCHBURG, N	IJ 08876		m rex					ate, Zip Code HESTER, N		3				
Project Manager for Mo WILLIAM C. MENE				Telephor 908.52	ne No. 6.1000		1000 CO CO 100 CO	one No. 54.1840		License N 01068	lo.			
Start Date (10) 5/16/2011		Schedule 4/30/20		pletion (Date (11)			of OSHA Moni TH AND S		SERVICE	ES			
Occupancy Status Durir	ng Abatement (Chec	k Only On	e)					Address						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I med Outside of Norm	Period of A nal Facility	batem Hours	ent			City, St	2TH STRE		_				
							HAM	MONTON,	NJ 0803	/				
Scope of Work (Check / ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	All I пат Арріу)		enoval emoliti				×	Full Contai Mini-Enclos Glovebag I Non-Exem	sure Procedure				e	
		100	Location	2000								Abate	emen	t
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Mai Cust	d Solel ntenar odial S (12)	y by nce/ staff?		tos Conta thermal s	systems ing, VA	aterial (ACM) insulation, Γ, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			2105			-00 I F	-			
THROUGHOU	TFACILITY			X	_	100	PIPE	TEL 10		500 LF	X			
		\perp			- 1	HERMA				100 SF	X			
							ANSIT		463	300 SF	Х			
							BEST			500 SF	Х			
Name of Registered Wa	ste Hauler		H	JDEP W auler ID J-8001	No.	of Wast			of Registe WS LAN	red Landfil IDFILL	I			
City, State HAINSPORT, NJ			1140	2 0001	with the same	Disposa		City, S	State RRISVILL	E, PA				
Completed by		Title			VIII VIII VIII VIII VIII VIII VIII VII	The state of the s	gnature	1-1	\		ate			
PETER BREEN			JECT	MASN	IAGER			MA	lin	100000	/2/201	2		
ASB-41 (R-06-08)				3	2		* Do not	t use this form	for asbest	os licensur	e exem	pted	activi	ties.

Date of Notification (1) 3/2/2012	- 1					Owner/O		(2)			GE	ORG	IA P	ACII	FIC
	Notification	V E	1 3	Street A		R AVE.		M	AR 6	2012	29	7 FUF	RG S	Т.	7,50
X DEP X DOL	Initial Amended Amendment				te, Zip Co HIS, Ti	ode V 38197	7	- F	esicial	6	NEW.	ARK,	NJ (710	5
X DOH	Emergency (justification) Cancellation				Contact Schum		Paul N	/lontn	ey/GP	-	ephone Ni	imber			7
				FACI	LITY INF	ORMATI	ON								
Name of Facility Where Abatem CURTIS SPECIALITY PA		g Place (3)							of Facility (4 School (K-12	2)					
Street Address 404 FRENCHTOWN RD								×	Subchapter of Other (i.e. prefetc.)	rivate 8	commerc		dings	, hom	es,
City (5) MILFORD	· v							500,		2	Floors	1	8ldg. / 00 y	Age rears	•
County (6) HUNTERDON				County (Code (7) JSE ONLY)	_		ent Use (Prio er Manufa			shed)			
Name of Monitoring Firm Hired ARCADIS, US	by Building	Owner (8)		ASCN 0001					ntement Cont NVIRONN						
Street Address 35 COLUMBIA RD								Addre LEXII	ss NGTON A'	VENL	JE				
City, State, Zip Code BRANCHBURG, NJ 088	76								ip Code TER, NY 1	14613					
Project Manager for Monitoring WILLIAM C. MENER				Telephor	ne No.		Teleph 585.2	none N 254.1			License I	No.			
Start Date (10) 5/16/2011		Scheduled	Com						HA Monitor AND SAFE	ETY S	SERVICI	=S	275021021		
Occupancy Status During Abate	ement (Chec						Street						-	-	
									STREET						
Facility Closed/Vacated Do Abatement Performed Out Other – Describe:									ip Code ITON, NJ	0803	7				
Scope of Work (Check All That	Apply)			/// (A)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				×	Mi	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				~	
		T						1 140	II-Exempled	() and	I NOIT-THA	DIE FIO	CONTRACTOR OF STREET	emen	+
20 - 100 - 100		55.00	ocation	2011	*			- 123						/ре	`
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Used Mair Custo	Solel tenar	ly by nce/		stos Conta thermal surfac		Materia s insula T, or	ation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		*					22.25			e e	
THROUGHOUT FAC	ILITY			X			VAT			27.527000000	00 SF	X			
						MISCE	LLAN	EOUS	3	130	00 SF	X			
					1	-									H
Name of Registered Waste Hau	iler		1000000	JDEP W		Cubic			Name of R	Registe	red Landfi	11			-
R&B DEBRIS LLC			10025-0000	auler ID J-8001	No.	of Was 3500	ste		GROWS	S LAN	DFILL				
City, State HAINSPORT, NJ						Dispos	al Date	1	City, State MORRIS		E, PA				
Completed by PETER BREEN	*	Title PROJI	ECT	MASN	IAGER	s	ignature		Im.	5		ate /2/201	12		

Date of Notification (1) 03/02/12 Ck:1897 \$200	7	N F	ame of E	Building C h Dickir	owner/Operatorson Unive	or (2) rsity		7 8 17 15		The second second		
Agencies Notified Type Notificatio	n		treet Add	dress ver Roa	ad	The same of the sa	MAR	6 2012				
EPA X Initial Amended Amendmen				e, Zip Coo k, New	ie Jersey 076	666	ASSESTE	S GONTRUL &		A COLUMN TO A COLU		
Emergenc DOH justification Cancellation			lame of C Craig G	Contact orszyca	3	Con prompting		Telephone Nur	nber	1		4
			FACIL	ITY INFO	RMATION	Santa de la companya				ant acces	\	
Name of Facility Where Abatement is Tak Fairleigh Dickinson University, Ro Street Address		ex					of Facility (4) School (K-12 Subchapter 8) (Other than K-1	2)			
1000 River Road							Other (i.e. pri etc.)	vate & commerci	al build	ings,	nome	S,
City (5) Teaneck, New Jersey 07666						20,0		# of Floors 2	5	dg. A	ge	
County (6) Bergen		(5	County Co	ode (7) SE ONLY)		Uni	versity	if being demolis	ned)			
Name of Monitoring Firm Hired by Buildin Environmental Design Inc.	g Owner (8)		ASCM	No.			atement Contr poration	ractor (9)				
Street Address 5434 Kings Avenue Suite 101					7777	et Addre	ss ide Avenue	Э				
City, State, Zip Code Pennsauken, New Jersey 08109					City	, State, 2 odlano	zip Code d Park, Nev	w Jersey 0742	24	-		
Project Manager for Monitoring Firm Tom Pruno			elephon	e No. 4-7462	1 10000000	ephone N 3-225-		License N 01104	١٥.			
Start Date (10) 03/14/12	Scheduled	Com					HA Monitor ronmental	Labs			700	
Occupancy Status During Abatement (Ch		in a		7		et Addre						
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: 3pm Start	e Period of Ab rmal Facility I	ateme Hours	ent		City	, State,	ite 22 Wes Zip Code ew Jersey					
						11011, 14	ew Jersey	07000				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				× M	ini-Enclosure lovebag Proc			100	е.	
	-1					E IN	on-Exempled	() and Non-i na	1		ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ocation Solel Solel Solel Solel (12)	y y by nce/ itaff?	Asbes (i.e.	Descript tos Containin thermal syste surfacing, other misce	g Materi ems insu VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A		TO			9 LF	X	+-		+
Boiler Room	X				TS	1		9	<u></u>			
					1))	W 551110000	-					
Name of Registered Waste Hauler			JDEP W		Cubic Yard of Waste	ls	Account to the	Registered Landf	ill			
Lilich Corporation		100000	auler ID 3724	NO.	of waste			W.S Landfill				
City, State Woodland Park, New Jersey 074	24				Disposal D 03/16/12		City, State Morrisv	e ille, Pennsylva	ania			
Completed by Tatiana Kalenikova	Title Vice F	Presid	dent		Signa	all	male	Caher)3/02/	12		

Check	N	(Purst	rion of	NJAC 8	Jersey STOS ABA 3:60 and 12		111111	i G I				-	
ON (1)		Nai	me of B	uilding (Burling	Owner/Ope ton	rator (2)		MAR	- 6 2012 -	11	+-	-	
e of Notification (1) /01/12		Str	eet Ado	dress			1 2007 3400			1	<u> </u>		
encies Notified Type	Notification	5	15 Hig	h Stre	4-			ASBEST	OS CONTROL & CLUSING				
DEP -X	Initial Amended Amendment #2	B	urling	e, Zip C ton, Ne	3W 30130	y 0801	6 1	Tele	nhone Number	2	لــــ	The state of the s	
DOL	Emergency (including justification)	N	ame of	Contact A Criva	aro		Brantopaci wakiisad	Lists Walls	الم المراس	<u> </u>	AND THE	ee2	
DOH DCA	Cancellation		FACI	LITY IN	FORMATIC	N T	Type of Facility	y (4)					
ame of Facility Where Abate	ement is Taking Place	(3)					School ((-12)	er than K-12) & commercial bu	ildings, h	nome	5.	
Residence							Other (i.e	e. private	Q 00111111	Bldg. Ag	je		
treet Address 318 1/2 Jones Avenue							Square Feet 10,000	2	1110010	55+			
City (5) Burlington, New Jerse			County	Code (7)		Current Use Home	(Prior if be	eing demolished)				
County (6)			(STATE	USE OF	VLY)	T Name	e of Abatement	Contracto	or (9)				
Burlington Name of Monitoring Firm Hi	red by Building Owner	(8)	ASC	CM No.		Lilio	ch Corporation	on					1
						606	et Address 5 McBride A						-
Street Address						City	, State, Zip Coo	le ৻, New -	Jersey 07424				-
City, State, Zip Code			Teler	phone N	0.	Tele	ephone No. 3-225-8400		License No. 01104				
Project Manager for Monit	oring Firm						TO OSHA M	onitor					
Start Date (10)	Sci	heduled C	complet	ion Date	9 (11)	J8	S Environm	ental La	abs				
						Str	reet Address 333 Route 2	2 West					
O2/27/12 Occupancy Status During	Atlatement (Crieck of Author) ated During Entire Period During Entire P	iod of Aba	tement	ı			Ctate Zin C	ode	7002				
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire Per ed Dutside of Normal BAM Start	Facility H	ours				Jnion, New J	ersey 0		2			
Scope of Work (Check A	All That Apply)	☐ Re	novatio	n			Mini-E	nclosure	nt with Negative F				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		X De	molition	1			X Non-E	pag Proce	edure (*) and Non-Fria	ble Proce	Abate	ment	
X 2100 31 51		1		$-\tau$						-	Ty	oe T	
Locati Asbestos-Containir TO BE A	ng Material (ACIVI)	Used Mai	Location ormally Solely ntenand odial St (12)	by ce/	(i.e. th	s Contai	ription of ining Material (/ ystems insulati ng, VAT, or iscellaneous)	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	0.000
(1	3)	Yes	No	N/A		Transi	te Shingles		1,000	Х	-		+
Ext	erior		X		-					-	+		+
			-	 	-						+	+	+
		-	+	+	-			Laleman	f Registered Lan	ndfill			
Name of Registered	Waste Hauler		1	NJDEP Hauler I	Waste D No.	of Wa	Yards aste	G.R.C	.W.S Landfill				
Lilich Corporatio	n			18724		3 Dispo	osal Date	City, St	ate sville, Pennsy	Ivania			
		04				02/2	9/12	Morris	/- /2	Date			-
City, State	Now Hersey U/44	. 7					Signature		112/1	03/0	1/12		
City, State Woodland Park, Completed by	Mew perso, a.	Title	3	sident			Take	anne	rection	1			

Print Form

																Print
				поті	FICATIO	State of I ON OF AS nt to NJA	BESTO	sey S ABATE nd 12:120	MENT				3 1	-MKI		E.
Cate of Notification (1)	$^{+}$		~					/Operator	1 -			7 1		\Box	1	
02 23/12 Ck: 1874		\$200				of Burlin		Operator	(2)							
Agencies Notified	1	pe Notificatio	n		260000000000000000000000000000000000000	Address High Str				MA	B 6	2012				
DEP	*	Initial Amended			_	tate, Zip							1			<u> </u>
⊠ DOL	H	Amendme						sey 0,80	16	1-1	3.65 CGA7.	, i i	1			
☑ DOH □ DCA		justification Cancellation	1)	9	A CONTROL OF	of Contac y A Criv			6		Telepho	ne-Nur	nber	7		
Name of Facility Where A	1 1	ement le Tek	Ina Diasa	(0)	FAC	CILITY IN	FORMAT	rion -	eraji	- 1-15-0-				'		i
Residence	19	Dillont is Taki	ing Place	(3)		E				of Facility (
Street Address	+								M S	chool (K-1	2) 8 (Other that	an K-12)			
318 1/2 Jones Aver	ոփե								X	ther (i.e. p	rivate & con	nmercla	il buil	ldings	, hon	nes,
City (5) Burlington, New Jer	se	08016							Square 10,00	Feet	# of Floo	rs		3ldg. 55+	Age	
County (6) Burlington						Code (7)			Curren		or if being de	molish	ed)	-		
Name of Monitoring Firm	Hire	d by Building	Owner (8	3)	ASC	M No.				ment Con	tractor (9)					
Street Address	1				Д			Street A	ddress						11	
City, State, Zip Code	+	-			·			City, Sta								
											w Jersey	07424				
Project Manager for Monit	torir	g Firm			Telepho	one No.		Telepho 973-2		00	Lice 011	nse No				
Start Date (10) 02/27/12			Schedu	led Cor	npletion	Date (11))			Monitor						
Occupancy Status During	Ah	tement (Che	02/28/					Street A		mental	Labs					
Facility Closed/Vacal	led	During Entire	Period of	Abaten	nent				1 33 3 3	22 Wes	t					
Abatement Performe Other - Describe: 8/	d C	uiside of Norr Start	mal Facilit	y Hour	3			City, Sta Union		Code Jersey	07083					
cope of Work (Check All	Tha	Apply)														
≥3 sf or ≥3 II ≥160 sf or ≥260 If				Renova Demolli					Mini- Glove	Enclosure bag Proce	nt with Nege edure (*) and Non				e	
				s Locati Normal							. /			Abale	meni pe	
Asoestos Containing N IO BE ABA In Facility (13)	viate TEC		Use Ma	ed Sole sintena todiai S (12)	ly by nce/		stos Cont , thermal surfa	scription o laining Ma systems i cing, VAT, niscellane	terial (A nsulation		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
F-17			Yes	No	N/A								Ξ.		ate	ro'
Exterio	Exterior						Trans	ite Shing	gles		1,000		×			
		-	-							1-			-			
					-					-			-			
ame of Registered Waste	э На	iuler		Н	JDEP W auler ID		Cubic of Was				egistered La					
ity, State	1	07101		178	3724			al Date		City, State						
ompleted by	Jei	Sey 0/424	Title				02/29			viorrisvill	e, Pennsy	/Ivania				
aliana Kalenikova				Presi	resident Talean Caloba 02/23/12											

Location of Asbestos Containing Materia IO BE ABATED In Facility (13) Exterior Exterior Name of Registered Waste Haule illich Corporation City, State Voodland Park, New Jerse Completed by atiana Kalenikova	Yes Yes	18°	N/A DEP Wa uler ID N 724	(I.e.	Cubic Ya of Waste 3 Disposal 02/20/1	ystems insuring, VAT, or scellaneous; Shingles	Name of Ro G.R.O.W	(Specif SF or Lif 1,000 egistered La /.S Landfi	indfill		Repair	Encapsulate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Asbestos-Containing Materia IO BE ABATED In Facility (13) Exterior Exterior Name of Registered Waste Haule illich Corporation City, State	Yes Yes	Intenantodiai S (12) No X NJ Ha	n/A N/A DEP Wa uler ID N	(I.e.	Transite Cubic Ya of Waste 3	ystems insung, VAT, or scellaneous; Shingles	Name of Ro	(Specification of SF or Life SF o	indfill		epair	apsulate	
Asbestos-Containing Materia IO BE ABATED In Facility (13) Exterior	el (ACM) Use Ma Cust Yes	Intenan todial S (12) No X	ce/ taff?	(1.6,	thermal s surfacir other mis	ystems insung, VAT, or scellaneous,	lation,	(Specif SF or Li	•		epair	apsulate	
Asbestos-Containing Materia IO BE ABATED In Facility (13)	al (ACM) Use Ma Cust	Intenan todiai S (12) No	ce/ taff?	(1.6.	thermal s surfacir other mis	ystems insung, VAT, or scellaneous	lation,	(Specif SF or Lf			epair	apsulate	
Asbestos-Containing Materia IO BE ABATED In Facility (13)	al (ACM) Use Ma Cust	Intenan todiai S (12) No	ce/ taff?	(l.e.	thermal s surfacir other mis	ystems insung, VAT, or scellaneous	lation,	(Specif SF or Lf			epair	apsulate	
Asbestos-Containing Materia <u>IO BE ABATED</u> In Facility	al (ACM) Use Ma Cust	Intenan todiai S (12)	ce/ taff?	(1.0.	thermal si surfactr	ystems insung, VAT, or	lation,	(Specif		emoval	epair	apsulate	
Asbestos-Containing Materia	I (ACM) Use	Intenan	col	ASDUS	tos Contai	ming materia	al (ACIVI)			æ	R	Enc	
		Location Normali	y	Ashaa	Desc	cription of		Amoun			Abale	pe	11
≥3 sf or ≥3 II ≥160 sf or ≥260 If		Renova Demoliti				N N	ull Containme lini-Enclosure lovebag Proc on-Exempted	oduro				e >	
Scope of Work (Check All That						Union, N	ew Jersey	07083					
Facility Closed/Vaca ed Du Abatement Performed Dut: X Other - Describe: 8AM Ste	iring Entire Period of	۸ h مه م س	nent		- ,		ute 22 Wes	st			94454 Desco		
02/17/12 Occupancy Status During Abate	02/18/	12				J&S Env	Ironmental	Labs	·			***************************************	
Start Dale (10)	Schedu	led Con		Date (11)		973-225	-8400 SHA Monitor		ense N 104	0.			
Project Manager for Monitoring	Firm		Telepho	na No.		Woodlar	nd Park, Ne						
City, State, Zip Code							Bride Avent	ne					
Street Address	•					Lilich Co	prporation	niractor (9)					
Burlington Name of Monitoring Firm Hired	by Building Owner (8	3)	(STATE	USE ONL	n n	- H	irrent Use (Pri ome batement Co		lemolis	hed)			
Burlington, New Jersey (County (6))8016		County	Code (7)		10	uare Feet 0,000	# of Flo			Bldg. 55+	Age	
318 1/2 Jones Avenue						X	Other (i.e.	or 8 (Other the private & co	mmerc	2) lal bu			
Residence Street Address	Tom to Taking Place	(3)					pe of Facility School (K-	12)				258792	, her
Name of Facility Where Abates	Cancellation	(0)		A Criv	aro FORMAT		3						
DOH DCA	Emergency (including	ng .	Name	of Contac	:1	sey 08016	3) <u>L</u>	Teleph	one Nu	imbe	-	-	
EPA DEP NOOL	Initial Amended Amendment #		City, S	ligh Str tate, Zip	Code			1110	6 20	12		Щ	
I I CDA	e Notification		Street	Address					0 0	15	-11	1	L
EPA X	e Notification			of Burllr Address	ngton	Operator (2)		Le E	U W				- Denmonton

No cheek

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3–2–12			1			Owner/Opera Plaza Hou		ng, LLC	a 159	15	WE	1		5					
Agencies Notified	Type Notification		1	Street Ac 326	dress 3rd St	reet	7000000		MAR	6 2	012								
EPA DEP DX DOL	☐ Initial ☐ Amended Amendment	#_1	1		te, Zip Co wood,)1				1117	Hammes Hammes	- Charles						
Ď DOH □ DCA -	☐ Emergency justification) ☐ Cancellation		1		Contact			- Marine	Tel	ephone Nu	ımber			\$ 1					
			——	FACIL	ITY INFO	RMATION	έ.,		10000	of the same of the same	Sudden halabet seems			É					
Name of Facility Where A Lakewood Plaza Street Address		ng Place (3)						Type of Facility (School (K- Subchapter	12)	er than K-1	12)		tarih jaya	to.					
193 Alder Stre	et							Other (i.e. petc.)	private	& commerc	cial build	_	-1200 0000000	es,					
City (5) Lakewood, NJ								Square Feet 5,000	3	f Floors 2	5	ldg. A Oyr							
County (6) Ocean				County C	ode (7) ISE ONLY)		(Current Use (Pri apartment	or if be	ng demolis	shed)			12					
Name of Monitoring Firm EHS Environmen	Hired by Building	Owner (8)		ASCM	No.			Abatement Co		No. of the last of	о т								
Street Address				<u> </u>				outh Envi	ronm	ental (١٠,٠٥	nc.							
411 Southgate City, State, Zip Code	Court, Sui	te E					1000	Haws Aven	ue										
Mickleton, NJ						No	orr	istown, P	A 19										
Project Manager for Mon Jack Carney	itoring Firm			Telephor	ne No. 24–008	1 -	and an account	ne No. 239–9920		License	_{No.} 00398								
Start Date (10) 3-7-12		Scheduled 3-15-1						OSHA Monitor Nouth Envi		ental (Co.,I	nc.	•						
Occupancy Status During	g Abatement (Che	ck Only One)				275,000,000		ddress Haws Aven	iie										
☐ Facility Closed/Vaca ☐ Abatement Perform ☐ Other – Describe:	ated During Entire ed Outside of Norr	Period of Aba nal Facility H	City, State, Zip Code Norristown, PA 19401																
Scope of Work (Check A	II That Apply)						3550				_								
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		⊠ Ren □ Den						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re.						
		1							1				ement	t					
		ls Lo	mall			Deporint	lion o						/ре						
Location Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Used S Maint Custod (Solel enan ial S 12)	y by nce/ taff?		Descript tos Containin thermal syste surfacing, other misce	g Ma ems i VAT	iterial (ACM) insulation, , or	(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure					
throughout unit	<u> </u>	+	Vo	N/A	****	successive and	-		1 1	00 SF	×	_		-					
Ciroughout unit			x		VAT				1,1	00 SF				-					
Name of Registered Was Newark Cartino		NJDEP Waste Cubic Yards Hauler ID No. of Waste																	
	4509 20 IESI Disposal Date City, State																		
City, State Newark, NJ	Disposal Date City, State 3-15-12 Bethlehem, PA																		
Completed by		Title				Signa		1/0/10			Date								
James Kelly		Presi	.dei	nt		()a	Mí	D KLLY	6_		3-2-12								

* Do not use this form for asbestos licensure exempted activities.

Check # 80.56

Date of Notification (1)				of Building Owne			- /	<u> </u>	- Jan-	-					
2–16–12	- N-25 B			ewood Plaz	a Hous	sing, LLC	Let Volume 1			-					
Agencies Notified T	ype Notification			Address	2000		16, 10 12 1	17	E	last a	+				
IX EPA X				3rd Stree	t				4.77						
DEP DEP	Amended Amendment #			State, Zip Code	00704	111			- 1	11	1				
	Emergency (inclu	ding			08701	11 (1	MAR R	2012		U_j					
D DCA	justification) Cancellation		Name	of Contact			Telephone N	lumbe	r						
			FAC	CILITY INFORMA	TION										
Name of Facility Where Aba	tement is Taking Plac	ce (3)		Just I III Ordan	·	Type of Facility	(4)	il i	<i>y</i> .		1				
Lakewood Plaza I	Housing					☐ School (K			***	No. of Local) [
Street Address	*					☐ Subchapte	er 8 (Other than K.	-12)	cel						
193 Alder Street	t					Other (i.e. etc.)	private & commer	rcial bu	uilding	s, hor	nes,				
City (5)						Square Feet	# of Floors		Bldg.	Λαο.					
Lakewood, NJ						5,000	2		50	^{Age} Yrs					
County (6)			County	Code (7)		Current Use (P	ior if being demoli	ished)							
Ocean			(STATE	USE ONLY)		apartment	Prior if being demolished)								
Name of Monitoring Firm Hire		r (8)	ASC	M No.	Name	of Abatement Co	ement Contractor (9)								
EHS Environmenta	al, Inc.						THE PARTY OF THE P	CO	Tna						
Street Address	- AN-				Street	ymouth Environmental Co., Inc.									
411 Southgate Co	ourt, Suite E	C			923	3 Haws Avenue									
City, State, Zip Code					City, S	, State, Zip Code									
Mickleton, NJ (Nor	orristown, PA 19401									
Project Manager for Monitorin	ng Firm		Telepho		Teleph	one No.	License	No.							
Jack Carney				=224-0080	610	-239-9920		0039	8						
Start Date (10)			mpletion	Date (11)		of OSHA Monitor				-					
3–5–12		12–12			Plyr	nouth Envi	conmental C	0.,	inc.						
Occupancy Status During Aba	1000	200				Address									
CX Facility Closed/Vacated	During Entire Period	of Abaten													
☐ Abatement Performed O ☐ Other – Describe:	utside of Normal Fac	ility Hours	S			tate, Zip Code		- 11		1000	-				
					19401										
Scope of Work (Check All Tha	at Apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova	N. S.		X	Full Containm	ent with Negative	Pressi	ure						
LA = 100 SI OI = 200 II		Demolit	ion			☐ Mini-Enclosure ☐ Glovebag Procedure									
					151150	☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
		Is Locati	on					1	Abate						
Location of	١.	Normal		De	escription	of			Ty	pe					
Asbestos-Containing Mate	THUI (MOIN)	Jsed Sole Maintenar		Asbestos Cor	taining M	aterial (ACM)	Amount								
TO BE ABATED In Facility		ustodial S		(i.e. therma	I systems acing, VAT	insulation,	(Specify	Re	R	nc:	ᄪ				
(13)		(12)		other	miscellane	eous)	SF or LF)	Removal	Repair	squ	Enclosure				
580	Yes	s No	N/A	9 A				2	=	Encapsulate	ure				
throughout unit		1						+-	_						
The second of th		X		VAT	/AT 1,100 SF x										
					1										
								-							
Name of Registered Waste Har	uler		JDEP W		Yards	s Name of Registered Landfill									
Newark Carting		Ha	Hauler ID No. of Waste												
City, State			4509	and the second s		IESI		5,							
Newark, NJ					sal Date	City, State		-							
Completed by	Title				2–12	Bethle	ehem, PA								
James Kelly		reside	ent	8	Signature	m	1	Date							
					AU	MARK	1x 2	-16-	-12						

Date of Notification (1)	3-2-12)	Name		Ma++ (ich		1					
Agency Notified	Type Notification	27 17 17 17 17 17 17 17 17 17 17 17 17 17	Street	Address		the state of the s	Mr.	100		14	7			
	⊘ Anitial			Try	175 C	hristol	Stre	eet on)	10.1	9	1		
D EPA D DEP	☐ Amended	3.5	City, Si	tate, Zip	Code			40.00 12			-50			
DOL	Amendment #	ding		10.4		chen 1	Telephone N	1870			_	200		
⊠ DOH	justification)		Name	of Contact	Charlo		Telephone	umber				2000		
□ DCA	☐ Cancellation		500	917	ORMATION	vien						3		
Name of Facility Where	hatamant is Taking E	lace (3)	FACI	LITIME	ORMATION	Type of Facility	(4)	- A - 4 -	1000			-		
Single for	anily Du	<u>ellin</u>		مرموم	<u> </u>	☐ School (K-12 ☐ Subchapter 8	t) 3 (Other than K		ıs,			qir.		
	5 Christo	10	TRee T			homes, etc.) Square Feet	# of Floors	Bldg.	Ane					
City (5) Mr +	ichen i	VJ		840			2	7	1	<i>-</i>	_			
County (6)	Neson		County ONLY)) (STATE USE	Current Use (Pr	rior if being der	molished)						
Name of Monitoring Firm	Hired by Building Ow	ner A	SCM No.		Name of Abater	nent Contractor (9	3)							
	hnologies		NA		EPO	- Tech	nologie	S, In	C					
Street Address				mulic-2023	Street Address		٠.		,,,_					
P.O. Box	337					P.O. Bo	x 33 t			F-1-5	_			
	PT NJ	0853	3	One No. Telephone No. City, State, Zip Code New Egypt NJ O8 License No.										
Project Manager for Mon	itoring Firm	Tele	phone No.		Telephone No.	-311	License No.							
Steve Sch	enker	609	758-3	365	609-758	-3365		0039	4					
Start Date (10)	Scheduled	Completio	n Date (11)		Name of OSHA	Monitor,	1							
3-12-12		3-1	2		EPC	_ Techn	ologies	s, Inc						
Occupancy Status Durin	g Abatement (Check o	nly one)			Street Address	7 77	227							
Facility Closed/Vacate	d During Entire Period	of Abate	ment		City, State, Zip	O. Box	33 r.				-	-		
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fa	cility Hour	S		New	Egynt	NJ	085	33	3				
Scope of Work (Check a	il that apply)					277	Manetina Pro	ecuro			40			
			· 🗆 Ren	ovation		Containment with Enclosure	Negauve Fre	SSUIC						
2 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf			□ Den	nolition	SicGlov	vebag Procedure -Exempted (*) an	d Non-Friable	Procedure						
		T		Ι	U Non	-Exempled () and		110000010	A	bate		nt		
	0. 18	1.0	ocation ormally			_			-	Ту	ре	Г		
Location	on of	Used	Solely by	Ashe	Description stos Containing M		Amo	unt	_		E	-		
Asbestos-Containin TO BE Al			tenance/ stodial		., thermal systems	s insulation,	(Spe		Rem	Re	cap	זוכונ		
IN Fac	cility	100	Staff?		surfacing, VA other miscellan		SF or	LFJ	Removal	Repair	sula	Elicinania		
(13)		(12)								e	"		
		Yes	No N/A				120	1 =	1.5	-	-	H		
Garage		X		Pig	e Insu	lation	120	LF	X	-	-	+		
2		1	<u>.</u>						\vdash	-		H		
									+	\vdash	-	t		
					Cubic Yards of	Name of Page	istered Landfill		1_	1	<u></u>	L		
Name of Registered Was		ID N	EP Waste H	lauler	Waste				L					
EPC Tech	nologies		1/0	00	2	and bound out the property of the con-	e Mona		<u> </u>					
City, State NJ					Disposal Date 3-13-12	City, State Monne	sville	PA						
Completed by Steve Schen	Kay Title PR	eside	nt		Signature S	Two Sch	enhen	Date 3	2	-1.	2			
Steve Scher	· Don	ot use this	form for asi	bestos li	censure exempted	d activities.								

Date of Notification (1)	2 2 15		Name o	of Building	Owner/Operator				E	In	11
	3-9-19	<u>L</u>			nzan-	t Cor	struc	TION		4	Щ
Agency Notified	Type Notification		Street /	Address	11 1 2		I WAR	0 2010	利	11	11
□ EPA	™itial		-X-,		م دمر	unien	way	D 2012	- 1/4	11	4
D DEP	Amended #	The state of the s	City, St	tate, Zip C	Park F	lada -	NJ	3765	1		
DOL	Amendment #	iding	1	-101			Telephone		6	_	+
DOH .	justification)			of Contact		609	relephone	(ACITICIE)			1
DCA	☐ Cancellation			Mod		12-1102		Frankling and	11-	1	1
			FACIL	LITY INFO	DRMATION						
Name of Facility Where			_			Type of Facility	(4)			1 - 1	a**\$
Single t	anily S	hois	Die	se llir	19	☐ School (K-1) ☐ Subchapter		× 12\	2010		
Street Address	- 1)	Other (i.e. p	rivate & comm	ercial building	gs,		
19	East	<u> </u>	Sta	eet		homes, etc.		1 Did-			
City (5)			6	10		Square Feet	# of Floors	1			
Lang	Beach	lwp.			08008		2	CONTRACTOR OF THE PRODUCTION OF STREET	₹ ()e		
County (6)			County		(STATE USE	Current Use (P					
()(e	90		ONLY)			Shore		se			
Name of Monitoring Firm	Hired by Building Ow	mer AS	SCM No.		A COLOR DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA CO	nent Contractor (
	Linologies		N/A		EPO	- Tech	nologi	25, In	1C		
Street Address	3				Street Address		J.				
P.O. Box	337					P.O. Bo	x 33 t				
			-		City, State, Zip	Code	11-	'00 =	77		
New Egy	PT NJ	0823	3		Neu	Egypt	N.J	063,	33		
Project Manager for Mon	ittoring Firm.	1616	priorie ivo.		Telephone No.	0.	License No).			
Steve Sch	en Ker	609	758-3	365	609-758		1	0039	7_		
Start Date (10)	Scheduled				Name of OSHA		. 1	-			
3-13-1		-14-	17		EPC	- Techr	ologie	S, LA			
Occupancy Status Durin	g Abatement (Check o	only one)			Street Address		227				
Facility Closed/Vacate	ed During Entire Period	d of Abater	nent		City, State, Zip	O. Box	33 r.				
Abatement Performed	Outside of Normal Fa	cility Hour	3 .		Alo.	Egypt	NT	085	33		
Other - Describe:					/vew	$-Jyp\tau$	7.0		<u> </u>		
Scope of Work (Check a	Il that apply)	*				Containment wit	h Negative Pre	essure			6
□≥3 sf or≥3 lf	į.		. ☐ Rend			-Enclosure vebag Procedure					
2 160 sf or ≥ 260 lf			Den	Minois	Non	-Exempted (*) ar	nd Non-Friable	Procedure	,		
		le l	ocation						10000000	aten Type	
		2000000	rmally			-			H	175	T
Location	on of		Solely by	Ashes	Description stos Containing M	or taterial (ACM)	Amo	ount	_	i	m
Asbestos-Containin TO BE A	g Material (ACM)		enance/ stodial	(i.e.	, thermal system:	s insulation,		ecify	en	Re	Car
IN Fac		S	taff?		surfacing, VA other miscellar		SFO	rLF)	Removal	Repair	ncapsulate
(13	3)		(12)		Outer modelian				-	1	ě
		Yes	No N/A			3	i		\perp	\perp	1
0.1	latelle		X	Sic	ling Shi	ngles	1600/180	10 SF	X		_
exterion	MAIR	1-1-	1		J	J		1			
		+		l							
		+-+	_						TI		
	-1- Unide	INID	EP Waste H	lauler	Cubic Yards of	Name of Reg	istered Landfi	ll -			
Name of Registered Wa	ste Hauler	ID N	0. 1.70		Waste		e Mon		+		
EPC Tech	nologies		1/00	00	10	and the second second second second second	C 111071	Jemes	1,		
			•		Disposal Date	City, State		PA			
NE NJ					3-14-12	Morr	sville				
	Title O	1	J		Signature	1001		Date	_		
Completed by Steve Schen	KAR YR	eside		ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	2	eve Jch	ente	3-	2 -	13	2
ASB-41	• Do r	ot use this	form for ast	bestos lic	ensure exempted	d activities.					

ASB-41

ATN ! TOM VOORNEES State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT NECK TO (Pursuant to NJAC 8:60 and 12:120) Name of Building Oymer/Operator (2) Date of Notification (1) HARGROVE Type Notification Sueel Address Agencies Nowhed 2012 STATE ST. 1507 Kirini 🖾 City. State. Ep Code ☐ Amended Amendment # AMPEN Emergency (including Telephone Humber Name of Contact justification) ☐ 000° Cancellation SAME FACILITY INFORMATION Type of Facility (4) Name of Facility William Abatement is Taking Place (3) School (K-12) DENCE Subchapter 8 (Other than K-12) RES Other (i.e., private & commercial buildings, homes, etc.) Sieel Logiess BIOG AS Square Feet 40 + 1000 C.ry (5) OMDEN Current Usa (Prior it being demovished) County Cooe (7) ISTATE VACANT USE ONLY) County (6) AMDEN Name of Abatement Convacor (9) ASCH NO. Name of Hondonny imm Hired by Building Owner KLEMED Sveel Address 161 369 Siee: Appress Cry. State. Zp Code SHODE MOPIE Sia 2 20 Cook Lanse No Telephone No 456-771-0472 0044 Telephone No. Pige: Lanager to Horstoring Firm Name of OSHI Monto Screduled Completion Date (11) KLEMM) O; EPH Sian Dare (10) 3 Sueel Address Occupancy Status During Abatement (Check only one) SPWUE AVE 369 Factory Closed Va Lated During Entire Period of Abatement Cry. State. Zp Code N.J.08052 C Acarement Pera ned Outside of Normal Facility Hours MIPLE Full Containment with Negative Pressure Other . Describe Swor or Mork (Cherk all mal apply) Glovewag Procedure Renovation Demotison 1 11 4 Nov-Exembled (.) and Nov-Europe Broomen 23 51 -1 23 II B2161 (1 or 2260 II AC & OTTO 1,00 Is Location Asbesios Containing Material (ACM) Normally .. Amain: Used Soley by Stop4 (Specmy (i.e. inormal systems insulation, Maintenance! Localit n of Aspes : 25 - Containir.) Material (ACM) SF & UF: surlating, VAT, or Custodial TO BE AL ATED Staff? onei miscellancous) IN Facility (12) 113 NIA No 7004 TRANSITE X SIDING

Name of Registered Landill Cubic Yards NOEP Wasie R.O.W OI Waste same or Registered Y. aste Hauler 17904 Ciry. State Disposal Date 14-EMCC. HADE Signature

Tioe CWNER Compress By

Date of Notification (1)	2-1-17		Nam		ng Owner Operator		11: 150 14	11 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	15	1	1	h.
Agency Notified	3-2-12 Type Notification	15 - A1	Stree	t Address	anchi De	molition	Vic		2	11.	$\frac{11}{11}$	Н
	t⊠¶nitial		Joace		P.O. Box	734	MAR -	6 201	۷ .	(and		- I
D EPA D DEP	Amended	A. Server	City,	State, Zip	Code		-0010		The state of the s			
DOL	Amendment #	ing			Cander	NI	0810	COMME	&			Ц
DOH	justification)			e of Conta	Franchi		Telephone N	umber		1)
DCA	- Cancellation				ORMATION	2 Mar. 47					2.74	\dashv
Name of Facility Where	Abatement is Taking Pla	ace (3)	TA	JILITT IN	ORMATION	Type of Facility	(4)			- Index	. F 10.01	700:
Duplex Street Address	Dave lling Wheaton	(F	ine	Deme	300)	School (K-12 Subchapter to ther (i.e. pr	8 (Other than K rivate & comme		ngs,			
City (5)		3.0	2.2			Square Feet	# of Floors	1 2	. Age			
Millvill	e NJ	083	project to the second second	h. Coda (7) (STATE USE	Current Use (P	rior if boing dos	A Lancack Room of the land	20-	-		4
County (6)			ONL			Duplex	Descli					
Name of Monitoring Firm	1	er A	SCM No.	4		nent Contractor (` _			8	
	hnologies			4	Street Address	· Tech	notogie	5, L	<u>^</u>			
P.O. Box	337				Discourage and an article	P.O. Bo	× 337					
City, State, Zip Code	PT NJ O	853	33		City, State, Zip	Fourt	NI	085	33			
Project Manager for Mor	itoring Firm	Tele	ephone No		Telephone No.	Egypt	License No.		<u></u>		-	77.7
Steve Sch	enker	609	758-	3365	609-758	-3365		0039	Y			
Start Date (10)	Scheduled C	ompletio	n Date (11)	Name of OSHA	Monitor	1 ,					5555
3-14-12	3-3	-12			EPC	Techn	ologies	L_{Λ}	-	-		_
Occupancy Status Durin	•		mont .	7	P.C	Bex						
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fac	ility Hour	Ś		City, State, Zip	Equot	NJ	085	33	3		
Scope of Work (Check a	Il that apply)		*		D Full	Containment with	Negative Pres	ssure			90	
□ ≥ 3 sf or ≥ 3 lf				enovation emolition	☐ Mini ☐ Glov	-Enclosure /ebag Procedure -Exempted (*) an						
		le I	ocation	T	7					bate		nt
	*	No	ormally		Description	of			-	Ту	De	_
Location Asbestos-Containing			Solely by tenance/		stos Containing M	laterial (ACM)	Amou		D		En	щ
TO BE AI	BATED	9.7500	stodial Staff?	(1.6	., thermal systems surfacing, VA		(Spec		Removal	Repair	Encapsulate	Enclosure
(13			(12)		other miscellan	eous)			val	=	ulate	ure
		Yes	No N/A									
exterior V	Valls		×	Sic	ling Shir	ngles	2400	SF	X			
				-		-			+			
				+					+			
Name of Registered Was	ste Hauler	NJD	EP Waste	Hauler	Cubic Yards of	Name of Regi	stered Landfill					-
EPC Tech	nologies	IDN	170	000	Waste 12	Waste	· Mona	geme	1+			
City, State NJ					Disposal Date	City, State Monne	sville	PA	7)	50-1E.
Completed by	Title D	. 1	.1		Signature	Del	1	Date				
Steve Schen		side			3/	we sch	erken	3-	2-	12	_	_
ASB-41	" Do no	use this	form for a	sbestos li	censure exempted	activities.						

5591

53		(Pu	rsuant t	o NJAC 8	3:60 and 1	2:120))	IIIA)		EII	W/ I	5 1	1	1 65			
Date of Notification (1) March 1st, 2012					Owner/Ope ruction I		(2)			11 11	19 1						
Agencies Notified Type Notification	1		Street Ad .30 Chu	ldress urch Stre	eet				MAR	6	2012		到				
EPA Initial Amended Amendmer				e, Zip Coo Corner,	de NJ 079:	38			ĀSUST	os con	NUL X			- 3			
□ Emergency justification □ DCA □ Cancellation)	100	Name of Mr. Roi	Contact n Trevel	loni			los ye.	Telep	hone Nu	mber	# 00 m		**************************************			
	DI (0)		FACIL	ITY INFO	RMATION	1	Tues	a of Facility (A	1)		-		-	. 1			
Name of Facility Where Abatement is Tak Trevcon Construction Inc.	ing Place (3)							e of Facility (4 School (K-12 Subchapter	2)		(2)						
Street Address 101 Lower Main Street		-					×	Other (i.e. pretc.)	rivate &	commerc	cial build	- 13		s,			
City (5) South Amboy,							400	oare Feet OSF	10000000	loors	5	ldg. A 0+	ge				
County (6) MIDDLESEX			County C (STATE U	Code (7) ISE ONLY)		-	Flo	rent Use (Prio pating Barge	е		shed)						
Name of Monitoring Firm Hired by Building CSA CONSULTING SERVICE A	Owner (8) MERICA		ASCM	No.		Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.											
Street Address 26 LORENZO COURT					- 2	Street 7		ess TY AVE.									
City, State, Zip Code MATAWAN, NEW JERSEY 0774	7							Zip Code N, NEW JE	RSEY	07011-	1802			4			
Project Manager for Monitoring Firm Mr. Michael G. Chain			Telephor 732-92	ne No. 1-9223		Геlерh 973-4		No. -4848		License 00724	No.						
Start Date (10) March 12th, 2012	Schedule March 3		The same of the same	Date (11)				SHA Monitor CONSTR	UCTIO	N INC.							
Occupancy Status During Abatement (Ch					1000	Street 1		ress TY AVE.									
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 8:00am-4:30pm M	rmal Facility	Hours	ient					Zip Code N, NEW JE	RSEY	07011	-1802						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emolit				×	N	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure			cedur					
Location of	N	Locati Iormal	ly		Desc	ription	of						emen vpe				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial S (12)	nce/	Asbestos Containing (i.e. thermal syste surfacing, \ other miscel			Mater s ins T, or	ulation,	(Specif		Removal	Repair	Encapsulate	Enclosure			
Main Deck	163	X	1		Tank I	nsula	atior	1	28	5SF	x						
Main Deck	B	X			Pipe II	nsula	ition	i i	66	6LF	x						
							-										
Name of Registered Waste Hauler			J JDEP W lauler ID		Cubic Ya			Name of									
Slavco Construction Inc.		8508	140.				G.R.O.		ANDFIL	L 							
City, State CLIFTON , NEW JERSEY 07011				Disposa TBD			City, Stat MORRI			le .							
Completed by VIVIAN D.JURCEVIC	. ASS	SIST.		Sign	chature UUI	e m	D'Gu	uuc		Date MARCH 1,2012							

CL# 1797

Date of Notification (1) 03/01/12	7				uilding Ow cieslicki		erator (2)			五尼				
Agencies Notified	Type Notification		1000000	reet Addi 97 Rive	ress er Drive				MAR	6	2012				
DEP DOL	Initial Amended Amendment	#			Zip Code NJ 070		i i	<u> </u>	68 - C7.16						
DOH DCA	Emergency (justification) Cancellation	including	1000000	ame of C Ialina S	ontact cieslicki		1	***************************************	int	Tele	ephone Nu	mber			
				FACILI	TY INFOR	MATIO	N	Time of	Facility (4	1			- 1		
Name of Facility Where Private Residence Street Address	Abatement is Taking	g Place (3)					_	Sch Sub	nool (K-12	2) 8 (Othe	er than K-1 & commerc	2) ial buildi	nas I	nomes	s.
397 River Drive								Square	.)	# of	Floors	Ble	dg. Ag		
City (5) Garfield			16	ounty Co	rde (7)			3,000 Current	Use (Prio	3 or if bei	ng demolis	50 shed))+		-
County (6) Bergen				STATÉ US	E ONLY)										
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCM N	No.				nent Con ntracting						
Street Address								Address Sargear	nt Aven	ue					
City, State, Zip Code			7					tate, Zip on, NJ 0							
Project Manager for Mo	onitoring Firm		T	elephone	e No.		973-6	none No. 689-628			License 01099	No.			
Start Date (10) 03/11/12		Scheduled 03/11/12		pletion Da	ate (11)			of OSHA Enviror		Labo	ratories	LLC			
Occupancy Status Duri								Address Route	22 Wes	st					
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Non	Period of Almal Facility I	bateme Hours	ent		_		state, Zip on, NJ 0							
Scope of Work (Check														=====	252
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Comment of the Commen	enovat emoliti				×	Mini-	Enclosure	e cedure	h Negative			e	
					-								Abate	ement	
			Locatio										Ту	ре	
Locat Asbestos-Containi <u>TO BE A</u> In Fa (1	ng Material (ACM) <u>BATED</u> cility	Used Mair	ormall d Solel ntenar odial S (12)	y by nce/	Asbest (i.e.	Descript Asbestos Containin (i.e. thermal system surfacing, other misce			ACM) on,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Dino	Insula	ation			75 LF	X	_		
Base	ment			X		ripe	IIISUIC	allon			70 21	#			
Name of Registered V Pyramid Contracti			Н	JDEP W lauler ID 2613	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Wa			G.R.O.	w.s.	tered Land , Inc.	ITIII			
City, State Clifton, New Jerse	ey .					3/12/	//	2	City, Sta Morris	te ville l	Penfisylv				
		Title				18	Signatur	ge .//	1,	K	- /	Date 03/01/	10		

State of New Jersey NOTIFICATION OF ASPESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) EckerRow) 212 Type Notification Street Address Agencles Notified Initial LIEN City, State, Zip Code Amended DOL Amendment # Emergency (including justification) Telephone Nun Name of Contact **Д** рон Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3)

FORE I FONT HOMES [7] School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) Current Use (Prior if being demolished County Code (7) (STATE USE ONLY) LESIDENCE County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Ack TNSULATION Street Address Street Address 95 MUNIROSIE City, State, Zip Code COLTS Nocks City, State, Zip Code License No. Telephone No. Telephone No. 00020 Project Manager for Monitoring Pirm 73 12 2 014 17 Name of OSHA Monitor Scheduled Completion Date (11) ACC INSULATION CO INC Start Date (in) Odcupancy Status During Abatement (Check only one) Street Address 95 MONTROYE Decility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Pother - Describe: 74m - 7 Pm COLTS Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure ≥3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure Demolition ≥160 st or ≥260 lt Abatement Type Is Location Normally Description of Used Solely by Amount Asbestos Containing Material (ACM) Location of Maintenance/ (Specify Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or Custodial SF or LF) TO BE ABATED Staff? other miscellaneous) **IN Facility** (12)(13)

No NIA Yes 2400 SIDING. Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauter ID No.

CE INSUlATION City, State

of Waste Disposal Date ROWS

3-15-12 Signature

Completed By

ASB-41

* Do not use this form for asbestos licensure exempted activities.

MGA

F/390

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name of Building	Owner/Operator (2) Khan and Shai	cta A K	han	7 屆		7	
					Snanw A. B	Man and Sha	sta A. IX.		1 13	IIIII		
03/2/2012 Agencies Notified	Notific	cation Type			Street Address		HAD	^				
					524-31 st		MAR	<u>6 20</u>	12			
() EPA	(X)) Initial N	otificatio	n tion	City, State, Zip C	ode j	are taken on the same			1		
(X) NJDEP	$ \langle \cdot \rangle $	Amende	ed Certifi	Gation	Union City	y, NJ 07087	ASSESSED	CONTROL	· · · · · · · · · · · · · · · · · · ·			
(X) NJ DOL	(X)) Emerge	ency Nou	ootion)	Name of Contact	y,110 07007	Tel. Nur	nber	1			
(X)DOH	1, ,		ng justifi	CallOII)		Goncalvez				الأحيية.	, in .	
() DCA	()) Cancell	ea					saanio-esti escellisi			f	
				FACILITY IN	NFORMATION Type of Facility (<u>//</u>				-		
Name of Facility Where Abatemen	nt is Taki	ing Place (3)		() School (K-12)						
Residential Property					/ \ Subchanter 8	(other than K-12) ivate & commercial	hldas home	s etc.				
Street Address					(X) Other (i.e. pr	Ivale & commercial					-	
3360 Kennedy Blvd.					Sq. Feet: 200	0_ # of Floors 2	Bldg.	Age <u>50</u>				
	unty (6)		County Co (State Use	de (7)								
			(State Use	(City)	Current Use (pri	or if being demolishe	ea)					
Jersey City, 110	udsor				Name of Contract	ctor (9)						
Name of Monitoring Firm Hired by	y Bldg. C	Owner (8)	ASCM No.		ISES, Inc.	CIOI (3)						
N/A			14//		Street Address							
Street Address N/A					3300 Hudso	on Avenue	,,					
(LTO)/2					City State, ZipC							
City, State, Zip Code						NIT						
N/A					Union City,		License	e Number				
Project Manager for Monitoring F	irm :	Telephone N	Number		Telephone Num (201)325-0		0112	W. C. T. C.				
David Camacho		(201) 32	5-0055	D-t- (11)	Name of OSHA							
Scheduled Start Date (10)		Scheduled 03/03/20		Date (11)	ISES, Inc.	TVIOTILE.						
03/03/2012					Street Address							
Occupancy Status During Abate (X) Facility Closed/Vacated D	uring Ent	tire Period o	TADatemen	t	3300 Hudso	on Avenue						
() Abatement Performed Out	side of N	Normal Facil	ity Hours -		City, State, Zip	Code						
Describe:					Union City	NJ 07087						
						,						
Source of Work (Check all that a	apply)					7.	_	_2				
X≥3 SF or≥ 3 LF		Ren	ovation	Þ	✓ Full Containm	nent with Negati	ve Pressu	re				
□≥ 160 SF or ≥ 260 LF		☐ Dem		/[Mini-Enclosu	re						
				إ	Glovebag Pro	ed (*) and Non-F	Friable Pro	cedure				
				1	_ Non-Exemple							
Location of Asbestos-	Is Local	tion Normal	ly Used	Description	of ACM (i.e.	Amount (Specify	SF or LF)	Abatem	ent Typ	e		
Containing Material (ACM) in	Solely b	by Maint./Cι	stodial	thermal sys	tems insulation, /AT, or other			D	Don	Encap E	Enclose	
Facility (13)	Staff? (YES	(12) NO	NA	miscnous.)	71, 01 00.101			Rem.	Rep.	Clicap i	I	
Basement		X		Pipe TS		120 LFT		X		-		
Dascillone											-	
					5101		Name of R	eg Landfi	II			
Name of Reg. Waste Hauler			aste Hauler	ID#	Cubic Yards of Wa	aste	Cumber	land Co	ounty	Landi	fill	
Vision Transport		22393			Disp. Date		City, State					
City, State					DISP. Date				70.40			
2 Fish House Road, Ke	arny	NI 0703	2		03/03/2012	7	Newbur	g, PA 1	1242			
Completed by (Print or Type)	ailly,	Title			Signature /	16	<u>Date</u>					
		10.70		No.	14:11	(du1)	03/02/2	012				
David Camacho Walsh	1	Genera	l Manage	er	48/1/ CA	14/1/						
				(-								